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**An Investigation into the
Economic Conditions of
Contract Medical Practice
in the United Kingdom.**

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AN INVESTIGATION

INTO THE

ECONOMIC CONDITIONS OF CONTRACT MEDICAL PRACTICE IN THE UNITED KINGDOM.

REPORT BY THE MEDICO-POLITICAL COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION,

Made Pursuant to the Instruction of the Annual Representative Meeting at Swansea, 1903.

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PART I.—INTRODUCTORY.

CHAPTER 1.—METHOD OF INVESTIGATION.

The Medico-Political Committee reports to the Annual Representative Meeting the results of the investigation carried out in accordance with the following instruction of the Annual Representative Meeting at Swansea in July, 1903:

"That it be an instruction to the Medico-Political Committee to investigate the economic conditions of contract practice, as carried on in various ways in this country; to report thereon to the next Annual Representative Meeting, and to present an interim report to the Council on any points which appear to call for action during the year."

INQUIRIES ADDRESSED TO INDIVIDUAL PRACTITIONERS.

On consideration of this instruction it appeared to the Committee that the basis of such an investigation must be to elicit from those medical practitioners who are themselves engaged in contract medical practice of various kinds, such information, based upon their personal experience, as they might be prepared to furnish, including statements of fact, expressions of opinion, and suggestions for the improvement of contract practice.

Issue of Questions.

The three sets of questions, relating respectively to "Individual," "Family," and "Private" Clubs, which will be

found in Appendix A, were prepared for this purpose. As it was thought more convenient, if possible, to restrict the circulation of these forms to those actually engaged in contract practice, the assistance of the Divisions of the Association was sought for the purpose of discriminating those to whom the inquiries should be addressed, and the Honorary Secretary of each Division was requested to issue the forms with a covering letter, which is also printed in Appendix A.

In the case of the larger Divisions, the information was not available on which to make the suggested distinction, and in these, therefore, the documents were issued to all practitioners.

A preliminary report on the results of the inquiry up to June 24th, 1904, was presented to the Annual Representative Meeting at Oxford. Since that time a number of Divisions which had not previously circulated the forms have done so, and replies are still being received. The Committee, however, considering that the Representative Meeting will desire now to have the results of the inquiry, has decided to report without waiting for further replies. The analyses now presented are based upon the replies received up to June 2nd, 1905.

The Replies.

A general summary of the results is given here for convenience.

The forms of inquiry have been issued to about 12 000 practitioners in all, and the circulation has resulted in the return

of 1,548 replies (up to June 2nd, 1905). Of these, 692 are from practitioners who state that they are not engaged in any form of contract practice. Many such practitioners, however, are able to offer valuable opinions and suggestions, based either upon their previous personal experience or upon their observations of the contract system in the practice of their neighbours.

Eight hundred and fifty-six replies have been received from practitioners engaged in contract practice, many of which contain very full and detailed answers to all the questions, and bear evidence of the expenditure of much time and labour. It is not possible to give the exact number of appointments to which the replies relate, as in many cases respondents have given on one form answers which apply to several clubs, the exact number not being stated. The total number of appointments concerned is, however, upwards of 2,300.

The Medico-Political Committee would at once, at the commencement of this report, place on record its deep sense of the indebtedness of the Association to those medical practitioners who, by the trouble they have taken in affording information as to facts within their own knowledge and as to the conclusions to which their experience has led them with respect to the effects of contract medical practice upon the profession and the reforms which are necessary, have done so much to give to the present inquiry whatever value it may possess as a means of improving the condition of the profession with respect to contract practice.

In most cases the information is supplied without comment upon the inquiry itself. A comparatively large number of practitioners, however, express sympathy with the objects of the inquiry, some show distrust of its utility, while one or two respondents appear to regard it as an unjustifiable and impertinent inquisition.

It is worthy of note (and is a sufficient answer to the last-mentioned criticism of the inquiry) that such a question as No. 11 (referring to the amount of work per head under contracts), has in some cases been answered with an amount of detail which could only have been obtained by a careful search through already well-kept books. Much more information has been obtained under this head than was anticipated when the questions were framed. Mention should be made also of the fact that Question 12, as to fees in private practice, has been very generally answered.

On the whole, respondents have answered fully the questions relating to number of members, age and sex distribution, term of contract, distribution of work among medical officers, rates of payment, private fees, and the necessity of increased rates and a wage limit. The information as to duties defined by the contract, extra services, amount of work done per member, age of society, average age of members, and duplicate membership has been less full, and, as regards some of these matters, appears occasionally to have been based upon estimates and conjecture rather than accurate knowledge. Many respondents have furnished copies of the printed rules of various organizations with which they are connected.

The materials derived from these sources have been collected in Appendices B, C, and D.

Appendix B contains statistical abstracts of the information derived from the replies which is capable of representation in this form.

Appendix C contains a collection of expressions of opinion which do not lend themselves to numerical analysis. Of the majority of these only abstracts or extracts are given, but in some cases it has been thought advisable to publish the opinions in full.

Appendix D contains a tabular analysis of the provisions affecting the medical profession embodied in the various rules of which copies have been furnished.

OTHER SOURCES OF INFORMATION.

Apart from the inquiries addressed to individual practitioners the Committee has sought information, or has availed itself of information already obtained, in the following ways:

(a) Reports of various local medical societies, including Divisions and Branches of the British Medical Association which have from time to time investigated the conditions of contract practice in their respective districts.

(b) As the result of the information derived from various sources the Medico-Political Committee was enabled in 1904 to formulate for the consideration of the Annual Representative Meeting at Oxford six propositions with respect to Contract Practice, and the meeting ordered these to be circulated for submission to the Divisions, adding a supplementary

proposition concerning the distribution of the medical work of Friendly Societies among all the practitioners of a district.

These seven propositions were accordingly circulated in November, 1904, and an analysis of the opinions expressed by the Divisions in reference thereto is contained in Appendix F, and has been utilized in the preparation of the present report.

(c) Information collected by the Medical Secretary of the Association in visits which, in the ordinary course of his work, he has paid to various Divisions of the Association, particularly those which he has been directed to visit in accordance with the following instruction of the Annual Representative Meeting:

"That the Medico-Political Committee should, as far as possible, place the services of the Organising (Medical) Secretary at the disposal of any Division which may make application to the Committee that he should act on its behalf in negotiations with outside bodies, or in the adjustment of differences among medical men in connexion with contract practice."

The most important information under this head is that obtained with respect to the conditions of the appointment of colliery surgeons in South Wales, especially in the Glamorganshire and West Monmouth coal fields, upon which a special report will be found in Appendix E.

(d) At the request of the Committee short historical accounts of the action taken locally by the medical profession in various districts for the reform of Contract Practice have been furnished by individual medical practitioners who were in a position to furnish such accounts, and valuable information, particularly with respect to the most effective forms of united action for dealing with such matters, will be found in these reports, which are also given in Appendix E.

(e) A report by the Central Ethical Committee on the ethical aspects of contract medical practice as exhibited in the various matters dealt with by the Committee is printed in Appendix G.

CHAPTER 2.—THE SUBJECT OF INVESTIGATION.

MEANING OF THE TERM "CONTRACT MEDICAL PRACTICE"—ANALYSIS OF THE CONTRACT—MATTERS TO BE CONSIDERED.

Meaning of "Contract Medical Practice."

In its widest interpretation the term "contract medical practice" may be held to include any kind of arrangement by which medical practitioners contract with individuals or bodies of the public to render professional services upon conditions, as to remuneration and otherwise, specified in the contract. As thus defined, however, the term would in strictness include the contracts for attendance at fixed annual rates which are entered into by some medical practitioners as a matter of purely private arrangement with individual patients. It would also include the contracts under which medical practitioners are employed by the State, or by Municipal and other public authorities, as in the Poor-law Medical Service, the Postal Medical Service, and other services of a like character.

Private Arrangements and Public Services Excluded.

None of these arrangements fall within the scope of contract medical practice as commonly understood, and, without discussing the theoretical correctness of such a limitation, the Committee has considered it practically convenient for the purpose of the present inquiry. As regards the private contracts mentioned they are not so numerous or of such a character as to have any material effect on the interests of other members of the profession than those directly concerned. As regards State and Municipal Services, it must be admitted that, both in their economic effects upon the profession, and in the nature of the action by the profession which is necessary to remove abuses, they present a close analogy to the forms of contract practice which are considered in the present report. Nevertheless, these services are so sharply defined by the fact that the employer is a public authority, that they can more conveniently be made the subject of separate consideration, and of separate action by the profession when required.

Analysis of the Contract.

In every form of organization which demands consideration in the present inquiry the subject under review is essentially a contract, or what purports to be a contract, between medical practitioners on the one part, and individual members

or bodies of the public on the other part, for the rendering of certain services (namely, medical attendance and allied services) for specified persons, in return for a certain remuneration. The parties to the contract, as regards the public, may or may not be the persons (or directly representative of the persons) entitled to medical attendance. The contract usually contains conditions which limit the nature and extent of the services rendered, and thus affect the actual value to the medical practitioner of the remuneration which he receives.

Matters to be Considered.

Thus there arise for consideration in respect of every form of contract practice:

1. The parties to the contract.
2. The form of the contract, including the mode of its inception and termination.
3. The definition of the persons entitled to attendance under the contract, termed for convenience the beneficiaries.
4. The services to be rendered under the contract.
5. The remuneration under the contract, including both the actual sums agreed to be paid and the yield therefrom to the practitioner, in proportion to the services rendered.
6. The effect of the contract system on the economic position and on the general status of the medical profession.

The organizations in connexion with which medical attendance under contract is being provided in this country at the present time differ widely in character, but the points of resemblance and difference can all be considered with reference to the heads of the foregoing analysis, and a comprehensive view of the subject thus obtained. Such an examination is made in Part II of the report, each chapter of which includes the matters arising for consideration under a single head of the analysis, with respect to every form of contract practice upon which the inquiry has yielded definite information.

In Part III of the Report the same materials are examined from a different standpoint. The inquiry shows that the various forms of Contract Practice at present in operation may conveniently be classified under a few types—namely, Friendly Societies and kindred bodies, Works Clubs, Medical Aid Societies, Provident Dispensaries, Public Medical Services, and Private Clubs. These differ generically in their relation to the profession, and each therefore is conveniently made the subject of a separate chapter, in which the features of that special type of organization are examined as regards objects and constitution, beneficiaries, and other heads of the general analysis, including its effects on the profession.

Part IV of the Report is devoted to the subject of reform. The review of existing conditions of Contract Medical Practice, contained in Parts II and III of the Report, indicates those features which, in the opinion of many practitioners, are prejudicial to the medical profession and to efficiency of the services of the profession to the community, and a summary of these is furnished in Chapter 14. An examination of various reforms which have been proposed is made in Chapter 15, while in Chapter 16 are considered the kinds of action by the profession which have been taken in various districts, and those which have been proposed, with a view to reform.

Part V contains the conclusions and recommendations of the Medico-Political Committee.

PART II.—CONTRACT PRACTICE IN GENERAL.

CHAPTER 3.—THE PARTIES TO THE CONTRACT.

THE parties to the contract are medical practitioners on the one part, and individuals or bodies of the public on the other part. The differences between the various forms of contract practice depend largely upon the degree of organization of the parties to the contract, on the one side and on the other, and upon the objects with which such organizations are formed.

In considering the economic effects of the system it is clear that differences in the degree of organization must influence the possibilities of pressure exercised by one party or the other through the power of collective as against individual bargaining.

ORGANIZATIONS MANAGED BY THE MEDICAL PROFESSION.

Private Clubs.

From this point of view the simplest case for consideration is that of the so-called "Private Club," where an individual medical practitioner organizes a service in which he provides medical attendance for those who desire to join and whom he consents to admit.

The practitioner who organizes the "Club" lays down the rules as to admission and terms, and the entire control is in his hands, with the important qualification that he is frequently in competition with other medical practitioners, and the conditions laid down in the rules of his club have to be framed under this pressure. Hence arise, also, certain features of Private Clubs to which exception is taken.

Public Medical Services.

In the Public Medical Services which have sprung up within the last ten years a number of practitioners arrange to attend members of the public, of certain defined classes, upon terms specified in the rules of the service.

One essential provision of such a service is that the medical practitioners entering into the arrangement shall be all those in the district who desire to take part in its work in accordance with the conditions thereof. Another is that in some way the rules of the service shall be subject to the approval of some organized local body representative of the medical profession as a whole, and not simply of the acting staff of the service. The objects of such organizations are to provide such contract medical attendance as may be deemed necessary to meet the legitimate requirements of the poorer sections of the community, upon terms approved by the general body of the profession. The pressure due to competition which affects prejudicially the Private Club is thus eliminated.

ORGANIZATIONS MANAGED BY NON-MEDICAL PERSONS OR BODIES.

In Private Clubs and Public Medical Services such organization as exists among the parties to the contract is on the medical side. In the other forms of contract practice the organization is provided on the part of the public. In reviewing these, two important facts as regards their object and constitution need to be carefully noted, namely, (a) that such organizations have not always come into existence primarily for the purpose of providing medical attendance, and (b) that, in some instances, the body which takes part in the contract is not representative of the beneficiaries. Differences in these respects will be found to have an important effect on the relation of such organizations to the medical profession, and are, therefore, usefully taken as marks of distinction between the principal types of organization.

Works Clubs.

The Works Clubs furnish a convenient starting-point for the consideration of such organizations, because, while devoted, primarily at least, to the provision of medical benefits alone, they vary widely in constitution and administration and exemplify every type in this respect. In these clubs a number of persons engaged in the same employment, taking advantage of a special provision of the Truck Act, sanction a deduction from their wages for the purpose of providing medical attendance and medicine, for themselves alone or for themselves and their families. In some instances the employer himself nominates a "works" doctor; in others each workman is free to nominate any medical practitioner in the district as the person to whom the "stoppage" is to be paid, and no other organization exists beyond the arrangement with the employer to give effect to this agreement; such arrangements closely resemble Private Clubs in constitution, the medical attendant being, practically if not legally, in direct relation with his patients, without interference from any organized non-medical body.

In other cases mass meetings are held for the election of doctors, and as the next step in organization, a committee is appointed to watch the interests of the workmen and investigate complaints, but without administrative powers. In a further elaboration of the organization, arrangements are made for the committee to receive the contributions of the men through the employers, and disburse the same, paying in some instances for drugs and dispensing, and handing the balance to the medical practitioner or medical practitioners employed. In the furthest development of this system medical practitioners have been appointed at fixed salaries, their house-rent, rates, and taxes being paid and other allowances made, central dispensaries conducted, and hospitals built and managed. In some instances such committees have offered to provide medical attendance and benefits of an allied nature for members of the outside public.

It will be seen that throughout the evolution of such a system it remains governed by the primary fact that the funds by which it is (originally, at least) maintained are derived from deductions made from wages for a purpose clearly defined by law, namely, for the provision of medical

Comparative Table of Objects and Constitution of Typical Organization.

Type of Organization.	Objects.	Constitution.	Administration.
FRIENDLY SOCIETIES ...	The provision of various benefits, including usually, but not always, medical attendance and medicine for the members, and sometimes for their families	Self-governing societies. Sometimes purely local, sometimes national. The national societies have local branches of various degrees of independence	By general meetings and committees of the local branches, subject in national societies to general rules.
<i>Friendly Societies' Institute</i>	Provision of medical attendance for members of group of combined Friendly Societies (and families)	Affiliation of Friendly Societies for this special purpose	By a committee of delegates of the combined societies.
WORKS CLUBS ...	Provision of medical attendance (and medicine) for workmen in one employment, and, as a rule, their families. Collateral objects of a kindred nature sometimes added—for example, provision of hospitals	Constituted under the Truck Act, and resting primarily on a contract with the employer, who may (a) himself nominate a doctor; or (b) allow each workman to name his own doctor; or (c) allow the general body of workmen to elect one or more doctors; or (d) leave everything to a committee of the workmen	In the arrangements (a), (b), (c), the conditions are usually not formally laid down, but are left to a general understanding, and are often vague. In arrangements under (d) the control is with the committee, and rules are more definite.
MEDICAL AID SOCIETIES	Provision of medical attendance and medicine for those who make certain periodical payments	Organized by non-medical persons or bodies, who are entirely distinct from the beneficiaries	Managed by the non-medical organizers.
PROVIDENT DISPENSARIES	Provision of medical attendance and medicine for those who make certain periodical payments (restricted sometimes to certain classes by provisions in the nature of a wage limit)	Organized as semi-public institutions, having usually subscribers who do not derive any benefit, but share in the management	Managed by Committees representing some or all of the following: (a) The beneficiaries, (b) the non-benefiting subscribers, (c) the medical staff.
PUBLIC MEDICAL SERVICES	Provision of medical attendance and medicine for those who make certain periodical payments (restricted usually to certain classes by a wage limit or some equivalent provision)	Organized and controlled by the general body of the profession in a district, and membership of the staff open to all members of the profession who desire to act	Managed by Committees representing the staff and the local profession.
PRIVATE CLUBS ...	Provision of medical attendance and medicine for those who make certain periodical payments (usually restricted by rule or by the doctor's power of exclusion)	Organized by individual practitioners	Managed by the organizers.

attendance and medicine for those persons (and their dependents) from whose wages the deductions are made. This governing fact differentiates such an organization fundamentally from Friendly and similar benefit societies, on the one hand, in which the provision of medical attendance is only one among many benefits offered, and not even an essential object of the organization, and from a Provident Dispensary or Medical Aid Society, on the other hand, in which the party entering into the contract, as representing the public, is partially or entirely distinct from and independent of the beneficiaries.

Provident Dispensaries.

Provident Dispensaries may conveniently be considered next, inasmuch as in these, as in the Works Clubs, the provision of medical aid is a fundamental and not merely a collateral, subsidiary, or non-essential object, and because in the Provident Dispensary the beneficiaries have usually some share in the government of the service.

Provident Dispensaries appear to have been established originally as public charities having the object of providing medical attendance for those members of the community who, while not qualified or desiring to receive medical relief under the Poor Law, are believed, nevertheless, to be unable to pay the full cost of the medical attendance which they

require. In accordance with this charitable, or partially charitable, origin, representatives of the general public, other than the beneficiaries, usually form a considerable proportion of the governing body. As regards the medical parties to the contract, these are usually several, and in some instances it is open practically to every medical practitioner in the district for which the Dispensary provides to act upon the staff.

Medical Aid Societies.

Medical Aid Societies are bodies formed essentially for the provision of medical attendance, but have not the partly charitable character of Provident Dispensaries, and have as a rule no provision for the representation of the beneficiaries in the government of the society. Many of them are in fact merely bodies trading in medical attendance, either for the purpose of direct profit, or more commonly with the ulterior object of attracting custom for other purposes to the bodies by which their formation is promoted. Thus many Medical Aid Societies have been formed by and closely allied in their working with industrial insurance companies, and the medical aid has been a bait to attract insurers. The management is in the absolute control of the non-medical organizers, and the relation to the profession is correspondingly unsatisfactory.

Medical Aid Societies usually employ only one or two practitioners in each district.

Friendly Societies.

Though, as has been stated, the provision of medical aid is not the primary, or even a necessary object of Friendly and other sick benefit societies, nevertheless they compose the most widely distributed and perhaps the most numerous group of organizations connected with contract medical practice. The objects of Friendly Societies are, primarily, the insurance of working men, earning weekly wages, against certain misfortunes by which, without such insurance, they may be completely crippled—namely, sickness, loss of employment, and loss of tools. By sickness, the working man suffers from temporary cessation of income as well as from the extra expense, including that for medical attendance, which illness causes. Friendly Societies are, in fact, mutual assurance societies, in which the system of providing medical attendance has grown up as a natural development of the objects for which they were originally formed.

With them are conveniently considered, as similar in their relation to the medical profession, certain Trades' Unions which provide medical aid as a collateral benefit, and some organizations of workmen engaged in particular industries, such as railways, which are exactly analogous to the Friendly Societies in every respect, except in being restricted to those engaged in a particular occupation.

As regards administration, all Friendly Societies are essentially self-governing, but certain differences in the machinery through which the control is exercised require mention as affecting the relation of these societies to their medical officers. Where there is a national organization the general rules of the Order may restrict the freedom of the local bodies in contracting with their medical officers. Thus certain certificates for admission and in sickness are always required, and arrangements must be made for obtaining these, even when medical attendance is not provided, as in the Hearts of Oak Society and in various Friendly Societies in mining districts; or where, as in some societies, payment "to the doctor" is optional. It is sometimes stated by members of Friendly Societies that any arrangement in the nature of a wage limit is inconsistent with the rules of the Order, but an examination of the regulations of the principal societies has not revealed any specific provision having this effect.

On the other hand, definitions of duties (apart from certification), rates of remuneration, and arrangements as to election and term of notice, appear to be always matters for local determination.

Friendly Societies' Institutes.

In many towns the Friendly Societies have combined for the provision of medical aid, and appointed committees of delegates, to whom the entire organization and management of this part of their work is entrusted. Such committees usually organize central dispensaries and appoint medical officers at fixed salaries, who are required to devote their whole time to the duties of the service.

Table.

The table on p. 4 exhibits in a concise form the distinctive features, as regards objects and constitution, of the principal types of contract practice organization.

DISTINCTIVE EFFECTS OF DIFFERENT TYPES OF ORGANIZATION UPON THE PROFESSION.

Friendly Societies: Objects other than Provision of Medical Aid.

From the table it will be seen that the Friendly Societies are distinguished from other forms of contract practice by the fact, to which attention has already been drawn, that the provision of medical attendance is not their primary object. This fact has been a prominent obstacle to the introduction of a wage limit in Friendly Societies, and is the reason why the "abuse of clubs" is perhaps more prevalent and more difficult to deal with in the Friendly Societies than in other types of organization. The argument on behalf of the Friendly Societies is (a) that they will not permit the medical profession to dictate who shall and who shall not be admitted to the ordinary membership of their societies, which, they point out, do not exist merely for the provision of medical attendance, and (b) that they cannot constitutionally exclude any member of their society from any benefit which the society offers.

As regards the statement (b), however, the information obtained in the course of inquiry shows that in many districts the Friendly Societies do not provide medical attendance, or that it is optional with their members to "pay to the doctor." Again, in those districts where several or all the practitioners in a district act for the Friendly Societies, and each member of any society is free to select any doctor, the doctors some-

times obtain a reciprocal right of refusing to attend any individual patient.

An examination of the constitution of Friendly Societies appears to suggest, therefore, that an extension of the distinction between medical and other benefits, which is already in some degree recognized by the societies, would open the way to a solution of the wage-limit problem.

The Friendly Societies' Institutes have set an example of separate organization for the medical as distinguished from the other benefits of other Friendly Societies, and the transformation of a Friendly Societies' Institute into a Public Medical Service would, as a mere question of organization, be a simple operation, assuming the consent of both parties to be assumed.

Medical Aid Societies: Objects Commercial.

Medical Aid Societies (in the sense in which the term is used in this Report) are distinguished from other contract-practice organizations by the intervention of persons independent both of the beneficiaries and the medical profession, the object of these third parties being purely commercial in character. The intrusion of this commercial element accounts probably for the objectionable methods adopted by these societies, which have brought them into such special disrepute in the medical profession.

Government by Non-medical Committees.

Another distinctive feature of the constitution of contract-practice organizations which requires note as specially affecting the relation of such organizations to the medical profession is that of government by committees, observed in the case of the Friendly Societies' Institutes, some Works' and Mines' organizations, and Provident Dispensaries.

It is apparent from a comparison of the practical working of different kinds of organization that, even where committees are directly representative of the beneficiaries, difficulties arise which may be attributed to:

(a) The want of direct relation between medical practitioners and those whom they are engaged to attend.

(b) The ignorance of non-medical committees concerning the conditions which are essential to efficiency of a medical service.

(c) The pressure on individual members of the profession due to collective bargaining by the organization, intensified when the organization acts through a committee.

DISTRIBUTION OF CONTRACT WORK.

A feature of the organization of contract practice, which, from the constitutional point of view, is simply a question of administration, but from the practical point of view is of the highest importance as affecting the relation of such organizations to the medical profession, is the distribution of the medical work among several medical officers.

Different Systems.

The possible arrangements may be considered as falling under three heads:

(a) A single organization employs a single medical practitioner or firm.

(b) An organization or a group of organizations employs several practitioners, affording their members a choice of doctor.

(c) The medical officership of such an organization or group is thrown open to every medical practitioner in the district who desires to act and is willing to conform to the conditions of the service.

Effects upon the Profession.

The relative effects of these systems upon the medical profession may be briefly summarized as follows:

In the case of appointment of a single doctor he is assured of a definite income so long as he retains the appointment, and an examination of the replies of correspondents shows that this is one of the principal inducements to medical practitioners to accept club appointments.

On the other hand, the fear of losing a fixed income, sometimes of relatively large amount, affects the independence of a practitioner; by the nature of his office he is bound to attend every member of the club whether he enjoys his confidence or not, and a member of the club must employ the club doctor for the time being or lose the benefit of his club payment as regards medical attendance; the medical officer cannot discontinue attendance on members of the club without losing the whole connexion, and this operates prejudicially, both in compelling him to attend persons with whom he may have had serious differences, and also in

making it difficult for him to reduce his contract practice when he might otherwise be disposed to do so. As a result of the close identification of the medical officer with the organization, what from the standpoint of the club are legitimate efforts to extend its membership become a cause of friction between the medical officer and his fellow practitioners, whose patients are transferred to him, not on account of his own merits, but through the attractions of the organization with which he is identified; in some instances the club advertises itself or canvasses in ways which are injurious to other practitioners, and for which the profession is obliged to hold the medical officer responsible. In the competition between medical practitioners the prospect of obtaining an entire club appears sometimes to induce practitioners to descend to unworthy practices of which they would not otherwise be guilty.

The evils above stated are in some degree lessened by the employment of several medical officers, among whom the patients have a choice, but are only completely removed by throwing the work open to all practitioners of a district. Experience shows that this arrangement is good for the patients, who enjoy the same liberty of choice of doctor as in private practice, good for the individual medical officers, who secure an independence in their relation to their patients analogous to that of private practice, and good for the medical profession as a whole, by doing away with the abuses due to competition for these appointments.

Arrangements Existing in Different Kinds of Organization.

Comparing the different forms of contract practice organizations with reference to the distribution of medical work, the examination of the materials resulting from the inquiry shows that the custom among Friendly Societies is that a single medical officer is appointed to do the whole work for each club or lodge. In some cases, however, a staff is appointed, the most noteworthy instance of this which has been reported being that of the Birmingham District of the National Independent Order of Oddfellows. The staff of this Branch must not exceed more than ten surgeons or firms, and these are elected at the annual district meeting. The different lodges of the Branch decide upon the amount per member which shall be paid to the surgeon. Each member of each lodge in the district has the privilege of selecting a surgeon from the staff, and the Secretary supplies each surgeon with a list of the names of the members upon whom he must attend. In case a member selects a surgeon whose charges are higher than the amount granted by the lodge, the extra amount required must be paid by the member in quarterly instalments in advance.

The system of dividing the medical work of Friendly Societies among all practitioners of a district and giving each member the power of choice has become more common in recent years; 211 cases in which this system exists have been reported, and many practitioners express approval of the arrangement.

Friendly Societies' Institutes usually employ one or a small number of surgeons giving their whole time to the work, and the independence of the practitioner, and with it the efficiency of the medical service, appear to be reduced to a minimum.

In Works and Colliery Clubs it is not uncommon for a workman to be free to choose his own doctor from among those practising in the district, but single doctor appointments appear to be the more numerous.

Where schemes are in operation under the management of Committees, a staff of medical officers at fixed salaries is employed, if the number of persons to be attended is sufficient to require the engagement of several practitioners. In at least one case, however, this does not afford the workman a choice of doctor, as the whole area is divided into districts, and one medical officer, with or without an assistant, is assigned to each district.

In Medical Aid Societies it is the rule to employ only one or two doctors, and the commercial spirit of the service accentuates the evils of the system.

In Provident Dispensaries a staff of doctors is frequently engaged among whom the members are free to choose. Sometimes the choice is limited by the assignment of doctors to districts. There are instances in which the medical officer-ship is open to all practitioners in the district.

In Private Clubs, by the nature of the case, the service is restricted to a single medical officer or a firm, and though the independence of the medical officer is not affected to the same extent as when he is employed by a non-medical committee, nevertheless, in districts in which there are several medical

practitioners, competition induces several of the evils connected with the single-doctor system.

It is an essential feature of the Public Medical Service that the staff should consist of all those members of the profession in the district who are willing to act, and that patients should be able to exercise a perfectly free choice among them.

The following expressions of opinion relate to the advantages of choice of doctor:

2239. "It would be more satisfactory if there was a common medical fund, and every member of a society was to pay 5s. a year into it, and choose the doctor whom he wished to attend him in case of sickness, each doctor to be supplied with a list of those members who wish him, and the doctor to be paid 5s. for every name on his list. There would then be no doctor to a club or society, and the doctor would have the satisfaction of attending the members—not because the member was in the club and they had to have the club doctor, but because the member wished to have that doctor to attend him."

1950. "I would suggest that after a fair and uniform rate has been arranged each member of the club should have the privilege of choosing his own doctor, having previously intimated to the Secretary of his club the name of the doctor whom he prefers, and having, of course, obtained the consent of the medical man."

2215. "If the profession at large could arrange some form of charge, contract or otherwise, so that the real poor male and female who are above the Poor Law, but not able to pay our low fees, could get medical help it would be a good thing; but each patient should have some choice of medical attendant, and the present type of Friendly Society man should pay for his medical attendance, as he can well afford to do so in most cases."

2481. "I am strongly in favour of Professor Horsley's town dispensary scheme, which disallows 'one man' club practice altogether, and in which all resident members of the British Medical Association could participate. The patients choose their own doctor."

3523. "If some arrangement could be made amongst all the local practitioners whereby there might be one system of club practice, collected by official collectors, the people to say beforehand which of the doctors they wished to attend them and their families, and not to be allowed to change without due notice (to be arranged and agreed upon by the practitioners themselves), and a strict age and wage limit, with certain diseases omitted, provided for, the status of club practice might be raised. I am afraid our own petty professional jealousies would always make such an arrangement difficult."

3513. "I should, personally, prefer that there should be no monopoly by practitioners in the attendance on clubs, but that the members should be free to employ any medical man they desired, who would act for the regulation rates."

Many respondents suggest also that contract work divided among all the practitioners in the district should be paid for by fee per attendance.

CHAPTER 4.—THE BENEFICIARIES UNDER THE CONTRACT.

In any consideration of the position of the medical profession in relation to contract medical practice, it is clearly of the greatest importance to ascertain what persons are, and what persons should be, admitted to the benefit of such contracts.

Not only must the amount of work to be done by the medical practitioner depend upon the condition of health at admission of those whom he is to attend, upon their age, and in some degree also upon sex, but the economic position of those who benefit by the service is a matter of great importance.

In the present chapter the composition of the classes who benefit is examined with reference to each of these points; economic position, being first considered, as having given rise to most discussion.

ECONOMIC POSITION OF THE BENEFICIARIES.

Classes for Whom the Benefits are Intended.

By different persons contract practice is stated to be necessary in this country to meet the legitimate requirements of either or both of the following classes of the community, namely:

(a) Those who while not desiring, or not qualified to receive, medical relief under the Poor Law, are unable to pay to the medical practitioner the ordinary fees charged to the

working classes in the districts in which they reside. For these the contract system provides a means whereby they are enabled to pay, and the medical practitioner is ensured that he will receive, such proportion of the cost of medical attendance as the persons in question can afford.

(b) Those who can afford to pay the full cost (as measured by ordinary working-class fees) of medical attendance and medicine, provided that they are enabled to do this by a system of small weekly payments, but cannot pay large amounts at one time.

On either of these definitions it will be perceived that the system is designed especially to provide for the wage-earning classes, and the evidence collected as to remuneration shows that the actual payments which are at present being made in every form of contract practice organization correspond to this conception of the class whose needs it exists to meet. In the present chapter an inquiry is made as to the extent to which this conception is borne out by the examination of the actual economic condition of the beneficiaries of existing contract practice organizations, so far as their position can be ascertained by the information collected in the course of the inquiry.

Classes Actually Admitted to Benefit.

In the case of certain organizations the economic position of the beneficiaries is defined by the constitution. For instance, in Works Clubs (as defined for the purpose of this report) the beneficiaries are restricted to the persons from whose wages or salaries deductions are made under the Truck Act, and their economic position is defined to a certain extent by their occupation, though in some districts men who earn incomes considerably above that of the average artisan share the benefits of such clubs.

Where the system of paying subscriptions to the medical aid fund by means of a poundage deducted from the wages is in vogue, the fact that those receiving higher wages pay more for their medical attendance removes the necessity for a wage limit in the opinion of those who hold that contract practice is not intrinsically objectionable.

In Private Clubs, either by specific provisions in the Rules, or by the power of exclusion naturally possessed by the doctor, the benefits are restricted to those whom he considers suitable, and these as a rule belong to the wage-earning classes.

In Provident Dispensaries and Public Medical Services some provision, such as a wage limit, for admission is usually made in the rules, and this is often fixed at such an amount as to restrict the beneficiaries largely to class (a) of the classes defined at the commencement of this chapter. In other cases power is reserved to a committee to exclude persons of a class for which the service is not intended.

In those organizations, such as the Friendly Societies, which offer several kinds of benefits (of which medical attendance is one) for all who are willing to enter, subject to the conditions as to character and health imposed by the rules of the organization, the benefits offered, apart from medical attendance, are of such a nature as chiefly to attract the wage-earning classes, and the medical profession undoubtedly originally entered into special arrangements for attendance on members of clubs on the supposition that only members of those classes would, in fact, claim to be attended under such arrangements.

It is probable that the great bulk of the members of the registered Friendly Societies are, in fact, drawn from those of the working classes who follow regular occupations, together with a considerable number of small shopkeepers. There are numerous indications, however, in the returns that other classes avail themselves of the privilege of membership, and especially of medical benefits. The smaller and unregistered Friendly Societies, and especially the Dividing Societies, while they provide mainly for a somewhat similar class, cater rather more than the large Permanent Societies for those who are less regularly employed.

On the whole, therefore, the evidence tends to the conclusion that the majority of those who benefit by contract practice belong to one of the two classes stated at the commencement of this section.

Admission of Unsuitable Persons.

On the other hand, there is evidence that in various districts a considerable number of persons are taking advantage of the arrangements who are in a better social position than those for whom the service was intended.

Two distinct effects of this abuse of clubs demand consideration. In the first place, medical fees in ordinary

practice are adjusted according to the economic position of the persons attended. Rates in contract practice, on the other hand, have been fixed on the supposition that the persons to be attended are those who otherwise would pay ordinary working-class fees (as will be shown in the chapter on remuneration, the rates are in fact often below what they should be even on this supposition). Therefore, if persons who would ordinarily pay higher fees than those charged to the working classes are to be admitted to medical attendance under contracts at all, it should be at a proportionately higher contract rate, and some provision will be necessary to prevent persons who should pay a given rate from taking advantage of a lower one.

Secondly, in the opinion of many practitioners, contract medical practice is intrinsically injurious to the interest of the public and the profession alike, and its acceptance by the medical profession can only be justified on the ground that it is necessary to meet the requirements of the wage-earning classes, or of a certain portion of those classes.

On this view, contract practice should be entirely confined to the classes who are recognized as needing such a provision, and persons in a better economic position should be absolutely excluded.

Extent of the Abuse.

Many respondents complain that there are, particularly in the Friendly Societies, members in receipt of the medical benefits who are perfectly well able to pay, and who, in the opinion of respondents, ought to pay ordinary private fees. It may be said, without hesitation, that this grievance is more prominent, and in one form or another more often referred to, than any other of which information has been obtained. The following passages are typical of many which appear on the returns:

2326 Nearly all the tradespeople in this town are members of the Foresters or Independent Order of Rechabites. Practically they only join for medical benefits, as if they can possibly manage it they do not go on the club, as it does not pay them to be absent from shops even if not able to do much in the way of work. I cannot refuse them, as the other medical men will not refuse them, and they were members of the clubs when I came here.

2328 The great fight I had, especially with the Foresters, was about admitting farmers and tradesmen, shopkeepers, publicans, etc., who obtained medical attendance for 5s. per annum, but did not care to "trouble the club," that is, to draw 10s. or 12s. a week, but considered that they ought to get medical attendance for the same price as one of their labourers, and generally fussed more and thought they ought to have more attention shown them than the poorer members. One farmer was in the club eighteen years, but never paid in to the doctors' fund until he found he had got heart disease; then he had two years' heavy attendance for 5s. a year.

2386 Quite recently I attended a member who was far too proud to call on his club during an illness and obtain his sick pay, but he had no compunction in receiving the medical attendance gratis. I sent him in an account which he promptly refused to pay.

2324 It is an abuse that many men of superior position and means, well able to pay a doctor's fees, are members of clubs. But when they first joined they may, of course, have had slender means, and later naturally expected to reap the benefit of their premiums.

2930 I have one man among my club patients who made a profit of £30,000 on a public-house and who owns acres of houses in this district.

Another man is architect and surveyor, with an income of about £300 per annum.

2970 There are, of course, a large number of members in these various clubs who have no right to be attended "on the cheap."

Here are one or two examples:

A saddler who has private means—employs two men in his shop and farms 150 acres.

Several publicans—keepers of village inns.

A railway officer, whose income must be £150 or more.

A number of small farmers, who farm 50 to 200 acres.

Blacksmiths, jewellers, and other tradesmen.

3262 I have held club appointments for twelve years, and my chief grievance is that I am frequently called to attend members whose financial position should put them

above claiming a club doctor's services, and, moreover, when unpleasantness occurs, it is invariably caused by such a member who can calmly lay up while sweating the doctor.

3470 In the best Friendly Societies, such as the Manchester Unity, Hearts of Oak, and Foresters, the members now include almost every class—farmers, veterinary surgeons, schoolmasters, shopkeepers, etc. (as well as labourers and artisans), who join for the medical attendance advantages, and as such men never will be excluded from joining, as their presence gives the club a better status, their proportion for the doctor ought to be double that of the working man.

2201 I have a farmer, as an instance, worth £12,000 (twelve thousand pounds), and only paying me 2s. 6d. a year, and having to go over four miles to see him.

WAGE LIMIT.

The Necessity of a Wage Limit.

The writers of most of the above and similar extracts hold the opinion that if a wage limit were imposed and enforced, the conditions of Contract Practice would be materially improved without any hardship to the classes who ought to benefit from it.

This opinion is shared by a very large proportion of respondents, as is shown by the following analysis of replies to the two questions relating to the advisability of a wage limit which were included upon the forms. These were:

"Do you consider that a wage limit should be fixed in Contract Practice?"

"If so, of what amount?"

The first question was answered by 674 respondents. Of these 542 express the opinion that a wage limit should be enforced, 77 express approval of the imposition of the wage limit, but regard it as impracticable, while there are 55 who are definitely opposed. Among those who are in favour of the wage limit there are 354, who, in answer to the second question, specify the amount at which, in their opinion, it should be fixed. In 35 cases this amount is 20s. or less, in 134 cases 20s. to 30s., in 126 cases 30s. to 40s., and in 29 cases over 40s. In this summary are included only the replies from those practitioners actually engaged in contract practice. Thus, of 856 practitioners engaged in contract practice 619 are in favour of the imposition of the wage limit if possible, while only 55 are opposed to it.

Such a collection of opinions is evidence, not only of the desire for a certain remedy, but of the belief that a serious evil exists for which the remedy is required.

Existence of Wage Limits.

For the purpose of ascertaining to what extent arrangements, such as the provision of a wage limit, at present prevail, the following question was included in the forms:—

"Have you the power to refuse to attend under your contract persons whom you consider to be, on the ground of means, unsuitable for medical benefits?"

This question was answered in the affirmative in 131 cases in connexion with clubs which were either Friendly Societies or of the same type.

Many of the answers, however, were vague, and as exact information on this important point is much to be desired a letter was written to each of the practitioners concerned, asking the following specific questions:

1. Is your right to exclude persons unsuitable in respect of means obtained through a rule or resolution of the club of which you are medical officer? If so, can you forward me a copy of the rule or resolution in question?
2. Have you any kind of written agreement conferring on you this power? If so, can you forward me a copy of the agreement?
3. Is the right peculiar to yourself or enjoyed by other club doctors in the district?
4. If the right is peculiar to yourself, in what way did you obtain it? Or, if it is a common arrangement in the district, can you inform me how the arrangement was arrived at?

Many of the replies showed that the original question had been misunderstood, but a sufficient number remained to show that there are Friendly Societies in which the principle is recognized, as regards, at all events, the power to refuse to admit candidates on the ground of means. In one instance (a small Dividing Society), this power is given by a rule of the Society. In another (a Lodge of Oddfellows), general powers are given by a resolution of the Society to the medical officer, and confirmed by a written agreement. In

two other instances written agreements have been made on the point. In eight cases the right of the medical officer rests upon a verbal arrangement between him and the Secretary or other officials of the club.

In twelve cases the foundation of the arrangement is still less stable, and can best be defined by saying that there is a mutual understanding between the officer and the members that the medical officer shall have power to reject those whom he thinks on the grounds of means unfit for admission.

In some of these cases even the term "mutual understanding" may be too strong, and the actual position is that the medical officer would reject candidates if he thought fit, and the Society would probably not dispute his action.

There is no evidence in the replies of a case in which a definite wage limit has been fixed by a branch or lodge of any of the great Friendly Societies.

Extracts taken from some of the replies are printed in Appendix C, p. 38, and furnish important evidence in several respects. First, they rebut the argument sometimes put forward on behalf of Friendly Societies that the recognition of a wage limit for medical benefits is constitutionally impossible; secondly, they show on comparison that two practices tend to facilitate the discrimination of those members who should from those who should not be admitted to medical benefits under contract—namely, (a) making subscription for the medical benefit optional (which is perfectly in accordance with the constitution of Friendly Societies); and (b) distributing the work among a number of doctors; thirdly, these replies indicate that where such arrangements now exist they are due either to the exceptionally favourable environment or independence of character of individual practitioners, or to united action by the profession in the district.

NECESSITY OF CONTRACT PRACTICE.

With the question of the economic position of those who at present are obtaining medical attendance by contract under any of the systems reviewed in this report, may conveniently be considered the question of the necessity to the community of such provisions.

In the Interim Report on Contract Practice the Medico-Political Committee formulated for the information of the Divisions the following propositions:

That it is inevitable in present conditions that there should be in some parts of the United Kingdom some system of contract medical service of the poor.

Of the 69 Divisions who have replied upon the subject, 63 express unqualified approval, and 5 agree subject to special definitions of the term "the poor." Only 1 Division is of opinion that contract practice is not necessary.

There is therefore on this subject a greater degree of unanimity among the Divisions than on any other of the propositions submitted by the Committee, except that as to the necessity of medical representation in the management.

On examining the replies, contained in Appendix C, of respondents to the inquiries addressed to individual practitioners, it will be found that though there are many objections to various abuses connected with contract practice, very few suggest that contract practice could be absolutely abolished.

In considering the subject, however, mention must be made of a distinction pointed out by some respondents, to which attention will again be drawn in the chapter relating to remuneration—namely, that the necessity may be admitted of some organization for enabling certain sections of the community to provide medical attendance by insurance by payment of weekly premiums, without implying that medical practitioners should themselves enter into contracts to provide attendance on these terms.

In the consideration of remuneration reference will be made to the system in which, out of a fund created by the premiums of the beneficiaries, the medical attendant is paid fees for work actually done.

This qualification must be kept in mind throughout the more detailed examination of the question of necessity of contract practice which follows.

On examination of the different systems of contract practice dealt with in Part III of the report the following facts will be noted:

First, that in certain parts of the country the industrial population obtains its medical attendance almost exclusively through the form of practice known as Works Clubs. These provide for the medical attendance not only of the wage-earners but of all their dependents.

Again, in the large towns certain classes, usually defined by a wage limit or some equivalent provision, obtain medical

attendance through Provident Dispensaries, Public Medical Services, and Private Clubs. (Medical Aid Societies a few years ago provided in some degree for a similar class, but appear to be ceasing to play any important part in the provision of medical attendance.)

There is evidence that some of those who obtain medical attendance in this way are so poor that probably they could not afford to pay premiums yielding to the doctor an amount equivalent to that which he would receive if paid by fees for actual attendance at the ordinary working-class rate of the district.

It is pointed out that in some Provident Dispensaries the underlying conception is that of a two-fold charity—a charity by members of the medical profession in accepting only partial remuneration for the work they do, and a charity by the honorary members or other non benefiting subscribers.

The information collected in the inquiry would appear to show that the only question arising as to the reform of this kind of contract practice is that of placing what is essentially a charity by the profession under medical control.

In rural districts, also, where a single practitioner may be the sole medical attendant of the entire population (including those receiving attendance through the Poor Law), clubs are regarded as a means of obtaining some payment from the thrifty but very poor.

Even for a section of the community who are above the "poverty line," many experienced medical practitioners are of opinion that some kind of system is necessary whereby the wage-earning classes may insure by weekly premiums against the cost of medical attendance.

It is with respect to this class, however, that the greatest divergences exist between the opinions of respondents as to the necessity of Contract Practice. Some appear to think that even to the more needy it is not a real advantage, and others, again, that those who, from their inability to pay ordinary doctors' bills, might be expected to require the benefits of medical attendance at contract rates, are not, in fact, largely represented on the membership roll of clubs or similar organizations.

One respondent, for example, says: "I see no justification for contract practice as understood by Friendly Societies. It does not help the man with small irregular wages—that is, the real poor, as such men cannot afford to join a society."

Another says: "For the last ten years I have refused to have anything to do whatever with Friendly Society clubs or Provident Associations; they are a great detriment to the medical profession and in no way benefit the sick poor."

Information from other sources shows that there are large manufacturing towns which contain great numbers of those for whom contract practice is supposed to be necessary, but in which no clubs providing medical attendance at contract rates are to be found. It does not appear that in such towns the working classes are at any serious disadvantage. They cannot, it is true, pay large accounts for medical attendance at one time, but a system of payment by instalments, regularly collected, appears to meet their requirements.

Nevertheless, a large number of respondents express the opinion that contract practice is absolutely necessary. Some state that it is necessary in manufacturing towns, and apparently think that in villages or rural districts the necessity is absent or not so great. Others, again, lay great stress on the necessity for contract practice in villages and agricultural districts, and appear to think that the better-paid inhabitants of the towns can very well do without it.

1960 In a manufacturing town it is absolutely necessary to have sick clubs and medical officers paid at contract rates or we should have to work for nothing and keep a clerk to keep our books, for the overdue accounts would be enormous.

2245 I see no justification for contract practice as understood by Friendly Societies.

It does not help the man with small irregular wages—that is, the real poor, as such men cannot afford to join a society.

It only benefits men in receipt of regular and fairly good wages, who are just the men who do not need this help, and who also boast—wrongly, I often think—of their temperate habits. If their sickness is as trifling as they say, why do they bother about getting medical aid?

To my mind people are right to club together in various ways to get pecuniary aid in sickness, but medical attendance is quite a different thing.

2666 In a town like this it would be difficult to do without contracts with Friendly Societies, and in increasing fees

we must be careful to avoid driving the societies into medical aid associations (one of which already exists here) till it is made *infamous in a professional respect* to act as medical officer to such associations.

2674 To a country practitioner, and especially one who has a Poor-law appointment, I consider that a private club is *absolutely necessary*, and he can by this club do much more good, and stop pauperization, than by any other means I know.

2711 I think the system of club practice the only method for mining districts.

3246 The Friendly Societies, in my opinion, are doing a splendid work, and when the medical officer gives reasonable attention to the members are very desirable appointments. By far the larger part of the work is done at home; 75 per cent. of the cases give little trouble; infectious cases are taken care of by the M.A.B. The general hospitals are available where nursing is required, and incidentally the problem of old-age pensions is solved, as far as solution is possible, by these admirable organizations. They are worthy of all support by the medical profession.

3491 In my opinion there ought not to be any contract medical work except in those districts too far from a hospital; because if the patient cannot pay, and the medical man is not willing to give his services free, I think those are the cases who ought to seek hospital treatment and no others.

3304 Within proper limits, I think it is necessary in a district like this to have some form of club practice. There are some people who will not pay bills, and those parties must be checkmated.

2660 My own impression is that club practice is not at all a necessity, excepting in certain rural districts.

On careful examination of all the available evidence, the conclusion would appear to be that stated in the interim report on contract practice of the Medico-Political Committee, namely, that it is inevitable in present conditions that there should be in some parts of the United Kingdom some system of contract medical service of the poor.

SEX AND AGE OF BENEFICIARIES.

The question of admission of women and children to medical attendance under contracts has given rise to difficulties in connexion with some forms of contract practice organizations, especially the Friendly Societies. Therefore in considering who are and who should be the beneficiaries, such information as the returns afford must be given with respect to the actual sex and age distribution among the beneficiaries, and with respect to the special terms upon which special classes should be admitted, if at all.

In the examination of this question, distinction must be drawn between two groups of contract practice organizations, those, namely, in which the contract is for attendance upon an individual, and those in which the contract is for attendance upon a family, or, as in the Works Clubs, upon a group of families, namely, all the wage earners in some particular employment and their dependents.

In the second group, which may be described generically as "Family Clubs," the admission of women and children is a fundamental principle of the contract, and all the conditions, as to terms of remuneration and otherwise, must be deemed to have been adjusted with reference to this fact.

The sex and age distribution naturally corresponds to that of the population to which the beneficiaries belong.

With respect to this group of organizations, therefore, no serious question, apart from remuneration, appears, from the returns, to arise.

Where, however, the contract is for attendance upon individuals (as in Friendly Societies, Medical Aid Societies, and usually in Provident Dispensaries, Public Medical Services, and Private Clubs) many members of the profession are of opinion that women and children should not be admitted, or only upon special terms.

The question has arisen particularly in connexion with Friendly Societies, and the view that only adult males should be accepted for attendance on contract terms must be taken to relate specially to the section of the population who usually join these societies.

The reasons are probably connected with the history of Friendly Societies, and are discussed in Chapter 8, which deals specially with those organizations. For the present purpose they may be briefly stated as being that in their origin Friendly Societies were naturally composed of adult

males only, since the object was the insurance of the family against the risks of loss of employment of the wage earner from sickness or other causes. Contracts by medical practitioners for attendance on Friendly Societies were originally framed on the supposition that adult males only were to be attended; the introduction thus obtained, leading to private practice among the families of club members, was an inducement to accept clubs upon terms which would not otherwise have been accepted; in recent times women and children have been admitted to clubs, but many women are not wage earners, and therefore are not subject to the same economic constraints as those who are wage earners, and it is believed that for this or other reasons, the women who obtain medical attendance through Friendly Societies require much more work from the club doctors than do the men; children, again, are, of course, not wage earners, and, moreover, the Friendly Societies have attempted to obtain medical attendance for their juvenile members at reduced rates, regardless of the amount of medical attendance required.

In other contract practice organizations than Friendly Societies, in which the contract is for attendance upon individuals, women and children have usually been admitted, and possibly the fact that the men are often members of Friendly Societies, and obtain their medical attendance in that way, has led to the admission to Provident Dispensaries, Public Medical Services, and Private Clubs of an excessive proportion of women and children.

As regards the actual sex and age distribution of the beneficiaries in organizations in which the contract is per individual, the following information is afforded by the inquiry:

Though it appears from the returns that the benefit of medical attendance at contract rates is in some form available for persons of both sexes and all ages, from birth onwards, yet of the replies relating to clubs, other than private clubs, in which the payment is per individual, the greater proportion either specify or leave it to be inferred that the membership is composed entirely of male adults. The number of clubs apparently composed entirely of male adults, of which returns are supplied, is 1,265; there are, in addition, 404 which include male juveniles; 85 which include males, females, and juveniles; and 38 which include females only or females and juveniles without adult males.

Among the Private Clubs the proportion in which persons of both sexes and all ages are admitted is much higher, for of 253 clubs of which particulars have been given 34 only are confined to adult males; 9 admit adult males and juveniles; 3 admit females only; and 207 admit adults and juveniles of both sexes.

No precise information has been obtained showing whether and to what extent the admission of female and juvenile members to ordinary clubs is a growing practice, but there is no doubt that the proportion of separate female and juvenile courts or lodges is increasing.

Among non-private clubs each year of age from birth to 12 years is recognized by some organization mentioned in the returns as appropriate for the commencement of club membership, while in addition the ages of 1 month, 3 months, 6 months, and 9 months occur each in one instance. The favourite ages seem to be birth, 1 year, and 6 years, for among the 297 clubs of which particulars have been received 31 admit members from birth, 59 at 1 year, and 45 at 6 years of age.

On dividing the clubs into two classes according as the lowest age of entry is below or above 5 years, it is found that there are 153 in the former and 144 in the latter class.

Among Private Clubs the inferior age limit at entry is, as a rule, much lower, for among 182 returns in which a definite statement is made there are mentioned 165 clubs into which members are admitted from birth, 10 in which the limit is 1 year or under, 5 in which the limit is 2 years, and 1 each at 3 years and 5 years respectively. Thus among Private Clubs it appears that practically all which admit juvenile members do so at a lower age than 5 years.

As regards a superior age limit for admission, in Friendly Societies and Works Clubs this is automatically provided; in Friendly Societies by the fact that they will not admit members after a certain age, and in Works Clubs by the difficulty of securing employment.

In certain Public Medical Services and some Private Clubs special provision has been made in the rules with respect to the admission of aged persons.

CONDITIONS OF ADMISSION WITH RESPECT TO HEALTH OF CANDIDATES.

Candidates for membership of the ordinary Friendly

Societies are obliged in almost all cases to pass a medical examination and to obtain a certificate stating that they are in good health at the time of joining. It occasionally happens, however, that members suffering from chronic disease may be transferred from one court or lodge to another, and thus the medical officer may be compelled to attend persons who are not in a sound state of health at the time at which they first come on to his list.

The same rule applies to Friendly Societies' Institutes.

In some Friendly Societies there is a regulation that candidates for membership must not be of a quarrelsome disposition, the assurance of the nominator being accepted as to this condition of mental health.

In Works Clubs the members consist primarily of those who follow specified occupations, and hence the condition at entrance must be such as is compatible with those occupations. In Works Clubs in which the contract includes attendance upon the families of the workers it does not appear that any provision is made to secure that these should be in a condition of sound health on joining.

The membership of Medical Aid Societies is, as a rule, restricted to those who have insured their lives with the Industrial Insurance Company, which organizes the society. Hence, provision is made automatically for the exclusion of those who are not in sound health. In cases where the amount of insurance is small members appear to be admitted without medical examination, and simply at the discretion of the agent.

In Provident Dispensaries the health of candidates must, as a rule, be good at the time of admission, and approved by the medical officer. In most cases however, an extra payment, varying from 2s. 6d. to 15s., will secure attendance upon such as are sick at the time of admission.

In Public Medical Services sound health as certified by a medical officer is a universal condition of admission.

In Private Clubs medical examination is almost universally required, and only those in sound health are admitted. In a few cases a small additional payment or entrance fee secures the admission of candidates who are in need of immediate attendance.

CHAPTER 5.—THE CONTRACT.

In this chapter are described those features of the mode of appointment of the medical officers of contract practice organizations which do not relate to the definition of the duties to be performed or the remuneration given. These often differ widely in organizations of the same type.

The principal matters which require consideration are: (a) The body making the appointment, (b) the conditions of eligibility, (c) the tenure of office, (d) the form of contract.

THE BODY MAKING THE APPOINTMENT.

As regards this, four systems may be distinguished: (i) That it shall be open to any member of a society to select a medical practitioner practising in the district who is willing to act upon the terms, (ii) appointment by a vote of the general body of beneficiaries, (iii) appointment by a committee, (iv) appointment by some person independent of the beneficiaries, for example, employers of labour in the case of Works Clubs, and the organizers of Medical Aid Societies.

System (i), though existing in some Friendly Societies and Work Clubs, as explained in Chapter 3 is relatively very infrequent. It must be noted, however, that in some cases of appointment by the general body of members or by committees the entire body of the practitioners in the district have received definite appointment, which has the same practical result as system (i), though theoretically distinguishable as regards the constitution of the service. (The relative effects upon medical practitioners of the system of appointing one or a few medical officers to a service, as compared with the system of throwing the medical officership open to the majority of or all the practitioners practising in the district, are considered in Chapter 3, page 5.)

In Friendly Societies, apart from those which join in forming Institutes, the system of appointment is invariably by vote of the general body of members, and in a large number of Works Clubs appointment is made in this way.

Election by committees naturally prevails in those organizations which are so controlled—namely, Friendly Societies' Institutes, Provident Dispensaries, and some Works Clubs.

CONDITIONS OF ELIGIBILITY.

As regards conditions of eligibility (i.e., conditions laid down in Rules, restricting the choice of the appointing body) in many

Friendly Societies, it is the custom to require a medical officer appointed to be already, or to become, an honorary or benefit member of the Society. The only other condition usually specified in the rules of societies is that he should be a registered medical practitioner, and sometimes it is added that he must reside within a certain district.

In connexion with Works and Colliery Clubs, conditions are often laid down by the employers with respect to the employment of surgeons, who may specify that only a particular surgeon shall be employed. In Public Medical Services it is frequently a condition that a medical officer of the service shall be a member of some local medical society or shall conform to rules laid down by the society (in addition to those directly relating to the service).

TENURE OF OFFICE.

In many appointments to Friendly Societies and Works Clubs, the tenure is absolutely at the discretion of the appointing body; in other cases it is defined by rules. Three systems of tenure may be distinguished: (a) That the appointment shall be held at the pleasure of the appointing body, that is to say, that a change may be made at any time without notice; (b) appointments for fixed periods, usually annual, but often for periods of two to five years; (c) appointments subject to a specified term of notice.

The system (a) is much the most common among Friendly Societies, and is also not unusual in Works Clubs.

The system (b) of appointment for fixed periods is also not uncommon among the two groups of organizations named; the appointment to a Dividing Society of the ordinary type is naturally an annual appointment. Appointments (c) subject to a prescribed notice are made by some Friendly Societies and well-organized Works Clubs, and are the rule in Medical Aid Societies and Provident Dispensaries. In the case of Public Medical Services, the only conditions of tenure are identical with the conditions of becoming a medical officer, namely, residence within the district and conformity to the rules, including membership of a medical society where this is required. In such Services there is a provision by which a medical officer may give notice to discontinue attending a particular member or members, and also a provision by which individuals may be excluded from the benefits of the service.

As will readily be understood, even by those who have not studied the contract systems, the effects of the arrangements described under (a) are very unsatisfactory as regards the medical profession wherever advantage is taken of the power which such an arrangement gives to the appointing body, and the fact that such an arrangement should be permitted to exist can only be regarded as one more of many examples of the very loose and unsatisfactory way in which contracts for medical attendance have been made.

The effects of the system of annual appointment are frequently as prejudicial to medical officers as those of the system of tenure at the discretion of the appointing body; among the reports furnished to the Committee by individual practitioners, there can be no doubt, upon a study of the replies, that, as would be anticipated *a priori*, the most satisfactory system of tenure is that in which a fixed notice for termination of the contract is required.

FORMS OF CONTRACT.

Actual written contracts between medical officers and contract organizations are exceptional. A large number of replies to the inquiries of the Committee indicate that the respondents have only the vaguest idea of the nature and terms of their contracts. Where any definite arrangement can be said to exist it is a verbal acceptance, or written acceptance, by the medical officer of his appointment on terms which are understood or stated to be those defined in the Rules.

The only formal contracts of which examples have been furnished are the agreements drawn up by the Friendly Societies' Medical Alliance and agreements with certain clubs.

Many Friendly Societies' Institutes require their medical officers to enter into bonds not to practise in the district after leaving their employment.

CHAPTER 6.—THE SERVICES RENDERED.

Services Rendered Under the Contract.

IN the analysis of the Contract in Chapter 2 it is pointed out that the services to be rendered include, in addition to medical attendance, "allied services," and that the contract usually contains conditions which limit the nature and extent of the services rendered, and thus affect the actual value to the medical practitioner of the remuneration he receives.

It will thus be seen that in the present chapter, in which the services given under such contracts are considered, the matters requiring investigation are the definition of the term medical attendance, and the limitations thus arising, and the nature and extent of the "allied services" for which provision is made.

By the term medical attendance is commonly understood ordinary attendance in illness not requiring surgical operations, and excluding also confinements and illness immediately arising therefrom. As the custom in different forms of contract practice varies, it is convenient to distinguish "ordinary" services from "special" services, and to consider under the latter head all those duties which are in some forms of contract practice made the subject of special arrangements. The term ordinary medical attendance would thus be deemed to cover all medical services not specifically mentioned under the head of "special" services, and the differences in different forms of contract will be explained by a statement in respect of each kind of special service, as to whether it is in any given form included under ordinary attendance, or is made the subject of special arrangement, or is excluded entirely from the scope of the contract.

(a) *Surgical Work.*

In the medical aid departments of the Friendly Societies the "ordinary" duties which are usually required include "medical attendance and medicine," without any reference to surgical work. In some rare instances surgical operations, attendance upon fractures and dislocations, and severe accidents are specifically excluded from the contract, and the fees chargeable are matters of private arrangement. In most cases there is no sharp line drawn between the medical attendance which the contract provides for and surgical attendance which is excluded. This looseness of definition occasionally leads to difficulties, as minor surgical work is almost always demanded by the beneficiaries at contract rates, while the medical officer frequently considers it outside the scope of his ordinary duties. One respondent complains that his club members regard no case as a surgical case unless a bone is broken.

In Works Clubs, of course, surgical work, and frequently surgical operations, form part, in some cases a great part, of the ordinary contract work; in Private Clubs they are, almost without exception, definitely excluded from the contract.

(b) *Obstetric Work.*

In Friendly Societies and similar clubs obstetric work as a rule is not mentioned in the contract, and, therefore, is subject to private arrangement. In Works and Colliery Clubs a reduced fee is often prescribed by the terms of the contract, and in some cases the work is done at the ordinary contract rates without any special fee. In Private Clubs it is usually a matter either of special arrangement or a reduced fee is charged. It seldom enters into the ordinary contract.

(c) *Vaccination.*

In a few family clubs vaccination forms part of the ordinary contract, but generally it is a service entirely subject to private arrangement.

(d) *Radius.*

The distance from a club's head quarters to which the medical officer's radius of contract practice extends is almost invariably specified in the rules of Friendly Societies. The most common radius is three miles, but both five and two miles are frequently specified. Many respondents, whose radius of work extends to five miles, complain of the distance and consider that an extra fee should be payable by members living at a greater distance than three miles; others express the opinion that in towns a radius even of three miles is too great.

The arrangements made with reference to those living outside the radius may take either of the following forms: first, such members may pay for medical benefits to a nearer lodge, and have the services of the medical officer of that lodge; secondly, they may be permitted not to pay for medical benefits, medical attendance being left to private arrangement; thirdly, the annual subscription may be increased, or a small payment per visit for mileage may be charged; fourthly, they may be required to pay for medical benefits, although it is impossible for them to have the services of the club medical officer, except by calling upon him. Of these, the first two systems are by far the most common.

In Works Clubs the difficulty of distance is overcome in the case of appointments of single medical officers by friendly arrangement among practitioners, and where a number of

practitioners are on one staff they are often assigned to districts.

Limit of radius of operation is very rarely prescribed in connexion with Private Clubs and, in fact, is hardly necessary as the medical officer can decline all candidates outside the radius of his ordinary rounds.

(e) *Special Fees for Night Work or Special Visits.*

No distinction is made, as a rule, between visits such as these and ordinary visits in the case of clubs connected with Friendly Societies. Indeed, the rule is often made that sick members must be visited within two hours after the medical officer receives notice, quite irrespective, apparently, either of the time of day, of the distance, or of the urgency of the case. This rule, if strictly enforced, must often be a source of inconvenience and irritation to the surgeon without any substantial benefit accruing to the members.

In connexion with Private Clubs the rules bearing on this point are frequently very stringent. As a rule requests for visits must be left at the surgery before 10 a.m. (in one case as early as 9 a.m.). Failing this it is stated that a visit will not be paid until the following day, unless a special fee be paid. An extra charge is usually made for night visits.

(f) *Supply of Instruments, etc.*

In ordinary Friendly Society work the supply of medical appliances is seldom mentioned in the contract, and the provision of special apparatus, medicinal foods, cod-liver oil, and the like is a matter of private arrangement. There is, however, a notable exception in the case of most of the Temperance Friendly Societies, in which intoxicating liquors, if ordered, must be dispensed and labelled exactly as ordinary medicines, and supplied at the expense of the medical officer.

The contract sometimes provides that the doctor shall supply medicine, but that this shall not include leeches, linseed meal, or cod-liver oil.

(g) *Certificates.*

In almost all cases in which a medical examination is required before a candidate can become a member of the club a certificate as to his fitness must be supplied by the medical officer. It is, however, quite exceptional to find that any payment is prescribed either for the examination or for the certificate. Many respondents express the opinion that a fee should be chargeable for these certificates in every case. As to other certificates which have to be provided for the use of the club officials there is no case reported in which payment is made in ordinary circumstances, and the signing of certificates of fitness or unfitness for work is usually specified in the rules as one of the ordinary duties of the medical officer. In a few cases special reports on the condition of chronic invalids are required and paid for at specified rates. It is sometimes even laid down that members who are under the care of medical practitioners other than the one who acts for the club must provide a certificate of unfitness to attend work from the club's own medical officer before they can receive sick pay—an arrangement tending to produce friction between the medical men concerned.

Certificates of unfitness for work given for other clubs, for education authorities, and for the use of employers, are usually not mentioned in the contract. Probably payment for these could legally be enforced, and the question as to whether they shall be paid for or not is usually settled according to the attitude taken up by the medical practitioner.

There is very little difference between the various kinds of contract practice organization in their action with regard to certificates. In the case of Private Clubs, since the certificate for fitness for admission is given purely in the interests of the medical practitioner, it is hardly to be expected that it should be paid for. In one or two instances an entrance fee is charged, which is still payable and covers the examination in cases in which the candidate is rejected.

CHAPTER 7.—REMUNERATION.

(a) *General Review of the Information Available.*

THE information on which this chapter is based is derived mainly from the materials contained in the replies of individual practitioners to the inquiry of the Committee, and from those rules of organizations which deal definitely with the subject.

In Provident Dispensaries, Public Medical Services, Private Clubs, and Medical Aid Societies, the rate of payment is usually definitely stated in the rules. In Friendly Societies

and Works Clubs it is not infrequently left to be decided by an *ad hoc* arrangement with the doctor, and such arrangements do not appear in all cases to be made in writing.

As regards the information available in the replies of practitioners, the question referring to rates of payment has been on the whole the most fully answered of all those which were comprised in the forms issued to individual practitioners. Information, which is in most cases complete, has been received under this head concerning upwards of 2,100 appointments in which payment is at a fixed annual rate per individual or per family. Particulars have also been furnished of a number of appointments in which the medical officer is paid by salary, and of cases in which the payments are based upon the work done.

The tables given in Appendix B exhibit the wide differences which prevail even where the same services are required and where the attendance is upon male adults only. There are, for example, a few clubs in which the value of the medical officer's services, supply of medicine included, are assessed at so low a figure as 1s. 6d. per annum, and on the other hand a few highly favoured practitioners receive as much as 8s. 8d. or even 10s. per annum for attendance on adult males only. Systems of payment also differ widely. For instance, colliery appointments in which single and married members alike are rated on the same scale, the single men paying as much for themselves alone as the married men pay for a whole family, are not readily comparable with ordinary Friendly Society or similar appointments.

To assist in arriving at a clear view of this complex subject, it is convenient to analyse the different systems of payment.

ANALYSIS OF SYSTEMS OF PAYMENT IN CONTRACT PRACTICE.

A preliminary distinction will simplify the analysis.

Though in the majority of cases the premium paid by the beneficiary (after in certain instances some deductions) is paid to the medical officer, there are many cases in which the premiums are pooled, and the medical officers remunerated on some other basis. Thus the system of payment by the beneficiaries and the system of payment to the doctor must be separately considered.

Systems of Payment by Beneficiaries.

As regards beneficiaries, the essence of all contract practice is the principle of insurance of the beneficiary against the cost of medical attendance, and the difference in the various systems of payment by the beneficiaries is in the extent to which the insurance is made collective.

In the simplest form a fixed periodic amount, the premium, is paid by, or in respect of, each individual who is to be entitled to attendance under the contract. A transition is afforded by the cases in which a reduction is made in the premium charged where members of the same family, or those beyond a certain number, are admitted without payment.

In the next stage, the "family clubs," the family, irrespective of the number of its members, is taken as the unit for which the premium is paid.

Next in development is the collective insurance of a group of families, as seen in many Works Clubs. A fixed amount is deducted from the wages of each wage earner, whether married or single, and medical attendance is provided for all contributories and those dependent upon them. Such collective provision of medical services is perhaps most fully developed in the South Wales collieries, in which the payment is not a fixed rate per wage earner, but is a certain amount per pound of the wages earned, and thus those who earn high wages help to contribute to the provision of medical attendance of those who are less successful.

Systems of Payment of the Medical Officer.

As stated at the commencement of the analysis, the commonest system is, as might perhaps be expected, that the doctor is paid on the same principle as the beneficiary pays, namely, by a fixed sum per unit (whether individual, family, or wage-earner) per week or other fixed period. This is the prevailing system in all forms of contract practice except the Friendly Societies' Institutes.

Usually a deduction is made for costs of administration, including collection. Thus in Friendly Societies the payments for the doctor are frequently paid into the "management fund," and the common practice is for the member to pay one penny per week while the doctor receives 4s. per annum. In Works Clubs, a percentage deduction is sometimes made by the employer to cover clerical expenses. In Medical Aid

Societies, a deduction is invariably made, being sometimes as high as 20 per cent. In Provident Dispensaries and Public Medical Services the contributions of the beneficiaries are paid into a common fund, from which, after various expenses are met (including sometimes payments to reserve or other capital funds), the balance is periodically divided among the medical officers in proportion to the number of beneficiaries who are on the list of each. It will be seen that this system, though having some analogy to those next to be considered, nevertheless falls in the group at present under review, inasmuch as the payment to the doctor is proportional to the number of beneficiaries who are entitled to his attendance.

Fixed Salaries.

In certain services the medical officer is paid a fixed salary irrespective of the number of patients whom he is under contract to attend. This is the rule in Friendly Societies' Alliances, and has been adopted by some Medical Aid Societies, Works Clubs, and Provident Dispensaries. The advantage to the individual doctor is in the fixity of income; the disadvantage in the fact that such systems frequently result in his being called upon to do an excessive amount of work.

Payment by Fee.

The third system is that the contributions of the beneficiaries are pooled, and out of the funds the medical officer is paid fees for work actually done, as in private practice.

This system has been adopted by a few local Friendly Societies, and, in a modified form, is well known in connexion with the National Deposit Friendly Society.

In some instances it is left to each medical practitioner to charge the patient his own fees, the Society being under contract, however, only to pay an agreed rate, and the difference (if any) being made up by the patient. Inasmuch as there is no wage limit for admission to these societies, the danger to the profession is that pressure may be exercised to induce practitioners to agree to restrict their charges to the rates laid down by the Society, which may be inadequate.

This system, though not widely prevalent, is important in its bearings on the subject of reform, many members of the profession holding that the general adoption of the system would relieve the profession from most of the evils of contract practice.

RATES OF PAYMENT.

The rates actually paid are most conveniently considered in connexion with each of the contract systems separately.

Rates per Week per Individual, Non-private Clubs.

The most detailed information available in the replies of individual practitioners to the questions of the Committee relates to the rates paid in clubs where the premium is per individual, and where the medical officer is paid on the same principle.

The most commonly-adopted rates for adult males in individual non-private clubs are between 4s. and 5s. per annum, for of 1,641 cases in which the rate is stated, 864 come into this class. The great majority of these are either 4s. exactly or 4s. 4d., and in a large number of clubs in which the average yearly payment per member was estimated it proved to be 4s. 1d. These two rates are, no doubt, chosen on account of the convenience of collecting 1d. per week from members; the lower rate of 4s. is then accounted for by the deduction of 4d. per annum from the subscription for the management fund.

In the same number of appointments there were found 386 at rates of 5s. and upwards, while there were 256 between 3s. and 4s., and 135 below 3s.

It will thus be seen that among 1,641 clubs, selected at random, there are 76.5 per cent. in which rates below 5s. per annum are paid for attendance on adult males, and only 23.5 per cent. in which 5s. or more is paid.

The rate for adult females in clubs, in which the charge is made per individual, is almost uniformly the same as that charged for adult males; there are, however, a few instances in which a higher or a lower rate is demanded.

The figures relating to the rates for juveniles are to a certain extent incomplete, for in many returns, although it is stated or implied that juvenile members are admitted to the clubs concerned, one rate only is mentioned. In most of these cases it appears evident that juveniles are charged at the same rate as adults, but still there is a remnant of doubtful cases. Among 432 clubs into which juveniles are admitted, the juvenile rate appears to be the same as those of adults in 307 instances and lower in 123 instances. Among the 123 cases in which the juvenile rate is lower, it is more than half

the adult rate in 67 cases, exactly half in 47 cases, and less than half in 9 cases. With an adult rate of 4s. per annum the juvenile rate is commonly either 3s. or 2s. With an adult rate of 5s. the juvenile rate is very commonly 2s. 6d. There is one case in which the adult rate is 7s. and the juvenile rate only 2s.

Private Clubs.

Among Private Clubs higher rates appear to prevail, nominally at least, than in the case of non-private clubs. Among 154 private clubs in which an adult male rate is specified, the rate is from 2s. to 3s. in 3 cases, from 3s. to 4s. in 3 cases, from 4s. to 5s. in 66 cases, and 5s. or over in 82 cases. It will thus be seen that in 53.3 per cent. of the private clubs examined the adult male rate is 5s. or over, as compared with only 23.5 per cent. in non-private clubs. It must, however, be borne in mind, in instituting a comparison, that in private clubs a commission of from 10 even to 25 per cent. has in most cases to be paid to the collector.

Family and Collective Premiums.

As regards systems of collective premiums, the arrangements in the Northumberland and Durham coalfield area and in South Wales respectively may be taken as typical of the two varieties mentioned in the analysis of this system of payment.

In Northumberland and Durham the rate now paid is 9d. a fortnight, which is deducted usually by the employers from the wages of every wage earner in accordance with the special provision contained in Clause 23 of the Truck Act, and covers attendance on families.

Until 1899 the rate in this district was 6d. per fortnight, but through united action of the local profession it was raised to the rate at which it now stands.

This system is also the common one in works, as distinguished from mines, throughout the country, including South Wales.

In the collieries of Glamorganshire and West Monmouthshire the system (*b*), which is peculiar to this district, is almost universal—namely, that an agreed amount in the pound is deducted from the wages of every wage earner, and including in some cases salaried officials, in the employment of the colliery. Where iron and steel works exist in connexion with collieries, as in many districts of Glamorganshire and Monmouthshire, this poundage system applies to the iron and steel workers as well as to the colliers, but in the metal works from Swansea westward the payment is of a fixed weekly amount.

The poundage is 3d. in Glamorganshire and in the eastern valleys of Monmouthshire, but in the western valleys of Monmouthshire it is usually 2d. In one or two cases a sliding scale has been adopted.

Fixed Salaries.

Under the system of payment by fixed salaries the remuneration to the medical officer varies from amounts as low as £100 a year for assistants, or for principals who are allowed private practice, to £700 a year for the principal officers of some of the South Wales colliery schemes. In estimating the remuneration of the medical officer under these systems, regard must be had to the fact that the practitioner has no liability for drugs, surgical appliances, etc., and also to the various payments in kind which he receives.

Attention must also be paid to the question of the number of persons whom the medical officer is under contract to attend. For comparison of these systems with those already described, it is necessary therefore, if possible, to investigate the balance sheets of the organizations and find to what extent the money which is paid by the beneficiaries primarily for medical aid is being diverted to other purposes. The discussion of the degree of exploitation of the profession by the organizations arising in this way will be found in Section III, in the discussion of the organizations in connexion with which the system exists.

RATES FOR SPECIAL SERVICES.

The rates above described are for "ordinary" medical attendance and medicine. The rates fixed in the rules of many Contract Practice organizations are merely defined as being for medical attendance and medicine, and no explicit definition of these is made, particularly among the Friendly Societies, which is regulated by tacit understandings between the medical attendants and the clubs.

On the other hand, in Private Clubs, Public Medical Services, Provident Dispensaries, Friendly Societies' Institutes and Alliances, and Medical Aid Societies, rates for extra services are frequently specified.

Midwifery.

Where any provision is made in the rules of Friendly Societies as regards midwifery, the rates specified are usually 10s. 6d. or 15s., and 10s. 6d. is the prevalent rate among South Wales collieries, where, however, it must be remembered that the wives of the wage earners are already being paid for, as regards ordinary sickness, under the contract.

In Provident Dispensaries it is usual to provide that members shall be attended in confinement at a fixed rate specified, which is usually 15s. or 1 guinea. (Provision is often made for the payment of a part of this fee out of some special fund of the institution.)

Vaccination.

Vaccination is usually not included in the contract, and often no mention is made.

Certificates.

Certificates of health on admission are occasionally paid for under the rules, the fee being usually a shilling.

Certificates not relating to the work of the service are not usually provided for in the rules of Friendly Societies and Works Clubs, but medical officers are in practice often compelled to furnish these gratuitously. Sometimes special provision is made that certificates of sickness not relating to the organization by which the medical officer is employed shall be the subject of separate payment. The fee charged is usually a shilling, but the Hearts of Oak pay 2s. 6d. for certificates given for its own purposes, by whomsoever they may be given. In juvenile clubs school certificates are often demanded gratuitously. In Public Medical Services and Private Clubs special provision is usually made as to certificates. In Provident Dispensaries they are often expected to be given gratuitously.

THE YIELD TO THE DOCTOR IN RELATION TO WORK
GENERALLY.

In view of the fact that many medical men hold the opinion that all the disadvantages of contract practice can be measured in terms of pounds, shillings, and pence, and would be adequately met if a sufficiently high rate were paid, it is important to ascertain if possible what remuneration the ordinary contract rates yield to the medical attendant for the work actually done by him, and thus institute a comparison with the remuneration afforded by ordinary private practice among the same classes of the community. It is very difficult, however, to obtain reliable particulars which are sufficiently precise for the purpose or derived from a wide enough area to be safely taken as representative.

Information of some value is afforded by the balance sheets of Friendly Societies which have been forwarded by some respondents, and from which the following particulars have been extracted:

- (1) Number of weeks' sick pay during the year, 172.
Surgeon's salary, £18 10s. 0d.
Surgeon's pay for each week's sickness, 2s. 2d.
- (2) Number of weeks' sick pay during the year, 916.
Surgeon's salaries, £145 2s. 0d.
Surgeon's pay for each week's sickness, 3s. 2d.
- (3) Number of weeks' sick pay during the year, 699.
Surgeon's salary, £27 18s. 0d.
In this case 284 weeks' full pay was included.
Surgeon's pay for each week's sickness, 10d.
- (4) Number of weeks' sick pay during the year, 627.
Surgeon's salary, £46 1s. 3d.
Surgeon's pay for each week's sickness, 1s. 6d.
- (5) Number of weeks' sick pay during the year, 421.
Surgeon's salary, £45 4s. 0d.
Surgeon's pay for each week's sickness, 2s. 2d.

In the above cases, taken entirely at random, the medical officer's pay for one week's charge of a sick member who is on the funds of the society varies from 10d. to 3s. 2d. In many instances, no doubt, the amount of attendance required would be but slight, as many of the members are on half-pay only. In the third instance given, however, the 284 weeks of full pay, presumably also of acute illness, would certainly entail a great deal of close attendance on the part of the medical officer.

In considering such returns, it must be remembered that the attendance upon members who are unable to work and are in receipt of sick pay is only a part of the surgeon's work. There are in addition the trivial cases, illnesses which do not incapacitate from work, but which bring members to the surgery at very frequent intervals, and which in the opinion of some respondents cause the larger proportion of their work.

Considering next the information which can be derived from the direct answers of respondents to the questions put by the Committee, the basis of calculation is found in the answers to Question 11, relating to the attendance given and medicine supplied per member per annum. Those returns only have been made use of in which an exact numerical estimate was given or a verbal estimate in such terms as to be capable of comparison with those given in figures. The number of clubs of which particulars were given which appeared sufficiently accurate for the purpose was 269, and the number of club members belonging to them was just over 40,000. In order to reduce the mass of information contained in these replies to a condition of uniformity, an attendance, that is to say, either a visit or consultation with or without medicine, has been taken as the unit. In cases where the number of supplies of medicine has been in excess of the sum of visits and consultations, it has been assumed that each supply of medicine necessitated an attendance. It is believed that the number of attendances has been, if anything, underestimated, as visits or consultations which have not coincided with supplies of medicine have not been taken into account.

Table Showing Yield per Attendance.

Rate of Subscription per Member per Annum.	Members.	Aggregate Subscriptions per Annum (in shillings).	Aggregate Attendances per Annum.	Average Subscription per Member per Annum.	Average Attendances per Member per Annum.	Average Fee per Attendance.
2s. to 3s. ...	9,630	23,025	34,622	s. d. 2 4½	3.59	7.95
3s. to 4s. ...	9,311	30,124	34,237	3 3	3.67	10.55
4s. to 5s. ...	17,741	72,462	79,198	4 1	4.46	10.98
5s. upwards ...	4,211	22,848	19,348	5 5	5.43	13.36
	40,893	148,459	167,405	3 7½	4.10	10.60

The above table shows the results obtained by these calculations. It will be seen that on this basis the average fee per attendance is almost exactly 10½d., and that each club member has on the average been attended four times during the year, the average annual subscription which members have paid being 3s. 7½d. It will be noticed that the average fee per attendance increases less rapidly in going from class to class than the rate of subscription, and it would appear that those club members who pay higher rates of subscription are not proportionately more profitable to the medical practitioner. The table relates only to clubs providing attendance for adult males, as the number of instances available for female and juvenile clubs is not sufficiently large to form a basis of a reliable estimate.

Many respondents have not been able to give even an approximate numerical estimate of the amount of work done by them for their club patients. Several of these have, however, given verbal descriptions of a more or less vague character, which may be tabulated as follows:

Amount of Work Described.

1. Trifling, little, very little, etc. ... 107 cases.
2. Fair, moderate, about the same as private practice, etc. ... 70 "
3. Very heavy, excessive, much more than in private practice, etc. ... 67 "

To test the interpretation to be placed on these replies, the answers of the same respondents have been analysed with respect to the question whether they considered the rates they were receiving too low:

- | | |
|-----------------------------------|-----------|
| In Class 1 satisfied with pay ... | 22 cases. |
| " " dissatisfied with pay ... | 41 " |
| In Class 2 satisfied with pay ... | 9 " |
| " " dissatisfied with pay ... | 20 " |
| In Class 3 satisfied with pay ... | 4 " |
| " " dissatisfied with pay ... | 33 " |

The first table of replies appears to suggest that on the whole the respondents who have contributed to it do not find their club work a very heavy burden; but no clue is given to the standard of comparison made use of in describing the work as "very little," "fair," etc. That the use of these terms is not necessarily intended to suggest a comparison with the amount of remuneration received is shown by the fact, indicated in the second table, that of 107

respondents who have used the terms "very little," etc., in describing their work, two-thirds of those who answered the further question as to whether they are satisfied with their rates of pay, answered in the negative. The same proportion is found among those who describe their work as fair, average, moderate, etc. Among those who apply terms such as "very heavy," "extensive," etc., to their work, there are 33 dissatisfied with their pay out of 37 who make a statement on the point.

Several respondents have given elaborate calculations as to the comparative remuneration of their contract and other work. These are so instructive as to deserve a more detailed examination than is afforded by their inclusion in the table given above. The great differences in yield shown in these instances are not very easy to explain, especially as some of them include returns extending over long periods of time, and therefore more uniformity might perhaps be expected. Probably differences in the social standing of club members and differences in locality, as well as accidental variations, have been factors in this result. No doubt the differing experiences of practitioners as to the profitable or non-profitable character of contract work account to some extent for the difficulty which is found sometimes in securing united action.

The compiler of the following table appears to be well contented with his remuneration. The fees of 2s. per visit and 9d. per consultation which appear as his average in work done under contract are of course somewhat less than he would charge in ordinary practice, but he appears to think that his freedom from bad debts in contract work gives an adequate compensation for this difference:

3277.			
"Three quarters: March to Dec., 1899 (averaged for a year).	Three quarters (actual figures).		
Estimated No. of members for year ... 861	No. of members ...	646	
Estimated No. of visits per member per year ... 0.44	No. of visits with or without medicine ...	286	
Estimated No. of consultations per member per year ... 0.7	No. of consultations with or without medicine ...	440	

"Ten quarters: Jan., 1902, to June, 1904 (averaged for a year).	Ten quarters (actual figures).		
Average No. of members for year ... 786	No. of members ...	1,965	
Average No. of visits per member per year ... 0.165	No. of visits ...	325	
Average No. of consultations per member per year ... 0.78	No. of consultations ...	1,552	

"For 8 quarters, 4th to 11th both inclusive, I have, unfortunately, no separate statistics as to visits and consultations, but I have estimated the proportions from my very accurate figures for the past 10 quarters. It works out at 306 visits and 1,466 consultations for the 8 quarters for 1,813 members.

"For 21 quarters, then, I have dealt with 4,424 members, and have received 4,424 shillings.

"I have paid 917 visits and held 3,458 consultations.

"This works out at 2 shillings per visit with or without medicine, and nearly 9 pence per consultation with or without medicine.

"There have been no bad debts.

"Note.—Members were admitted without examination."

The compiler of the following statement does not appear to be so well contented, and in view of the figures given below it is not surprising to learn that he has practically given up contract work:

3283 "I have carefully studied the question now for twelve years. From 1893 to 1896 I had 600 (nearly) club members under my care, paying me 2s. 6d. per head. On the average of those years each member required 5 attendances at the home or at my surgery—that is, 6d. per attendance, including medicine. During these years I kept count of the visits and surgery consultations in my whole practice of £600 per annum gross average income. I allowed one bottle of medicine to each visit or surgery consultation; none of the work entailed visits beyond a two-mile radius from my house. Midwifery, 30 cases per annum at 2s. In these years I found the cost to me was 1s. 1d. per attendance. My drug and bottle bill was one-sixth of total practice expenses. In those days I kept dispenser, horse and trap, and groom. I therefore lost 6d. at least on each club attendance."

Another respondent presents the situation in a slightly

different form. In interpreting his contribution, which is given below, it will be noted that the visiting fee referred to is only 1s. 6d., and the consultation fee 1s. His contract work in the better club left him more than £18 to the bad when compared with the private practice fee.

It is not surprising to find that this respondent welcomes the action of the British Medical Association in its investigation of contract practice.

Visits, 275;	equals in ordinary fees, £20 12s. 6d.
Consultations, 300;	" " " " £15 0s. 0d.
Medicine ...	" " " " £2 14s. 6d.
Cash received, £19 13s. 6d.	Loss on contract, £18 13s. 6d.
Visits, 12;	equals in ordinary fees, £0 15s. 0d.
Consultations, 19;	" " " " £0 19s. 0d.
Medicine ...	" " " " £0 2s. 8½d.
Cash received, £4 5s. 0d.	Profit on contract, £2 8s. 6d.

The following carefully-compiled return from a practice in an industrial and manufacturing town in the north of England is a good example of contract practice which shows a somewhat higher rate of remuneration than the average:

3490. "I have kept figures very carefully as to aggregate work for six years and I state them here. I have not in this statement kept separate the visits, consultations and medicine, as my object in keeping the figures was to compare rate of payment with that obtained for private patients of the same class. With the latter the payment is 2s. 6d. per visit or consultation with or without medicine. In the figures given below I include visits, consultations and the examination of candidates.

Date.	Amount received.	Attendances.
	£ s. d.	
1899	19 3 0	337
1900	20 1 6	325
1901	22 14 6	231
1902	24 3 0	450
1903	30 19 6	319
1904	30 19 6	260
	148 1 0	1,922

"This equals 1s. 6½d. per attendance.

"From this I would make a deduction of 1 penny to allow for probable errors in record due to forgetfulness of self or locum."

The above table is based on the experience of a club numbering 177 members. The subscription per member for the first three years is 3s., and the second three years 3s. 6d. The following table from the same respondent is based on the experience of a club of 90 members each paying a subscription of 3s. 6d.

Year.	Amount Received.	Attendance.
	£ s. d.	
1899	10 1 0	121
1900	12 13 9	200
1901	13 17 9	165
1902	13 16 6	149
1903	15 15 0	297
1904	15 12 6	173
	81 16 6	1,105

"This equals 1s. 5½d. per attendance, from which 1 penny should be deducted for possible error as before."

Another respondent contributes the following statement relating to a club of 735 members (adult males and juveniles of both sexes). The adults paid 3s. and the juveniles paid 1s. 6d. per annum:

	Visits.	Medicines.	Sick Certificates.
February ...	110	214	107
March ...	138	258	147
April ...	145	214	139
Total ...	393	686	381

"With this there were about 30 minor operations, about 400 consultations at the surgery, and 70 examinations for entrance.

"I was paid for that quarter £22 10s. This is equivalent to a payment of almost exactly 4d. for each ordinary attendance, the operations and examinations being counted as given free."

Comparison with Private Fees.

Some practitioners, as in the case quoted above, have given figures making comparison between their pay for contract

work and their private fees. Although the question relating to private fees has been on the whole fully answered, a comparison which has been attempted between club rates and private fees in the same districts has been found unreliable. There is considerable doubt in many instances as to whether the fee charged for a visit does or does not include medicine. In addition to this possible source of error there is one which is probably greater, namely, that the returns from ordinary private practice in different localities depend as much upon the number of bad debts as upon the actual amount of the fees charged. It is, of course, quite impossible to make any estimate—even an approximate one—of local variations in the loss from this source.

DUPLICATE MEMBERSHIP.

It is convenient to consider in connexion with remuneration a matter which has been the subject of dispute in some districts, namely, "duplicate membership."

It is often alleged by officials of clubs and other similar organizations that although the rates paid per head to the doctor for medical attendance appear low, yet his actual receipts in proportion to the number of club members is greater than would appear at first sight, because a large proportion of club members belong to more than one organization, and consequently pay more than one annual fee for medical attendance.

A special endeavour was made to obtain precise information upon this point, but it was found that only a very small proportion of respondents were able to say how many of their club members belonged to more than one society, and in cases where the information was given respondents were not able to give the further information as to whether the members belonging to more than one society paid more than one contribution for medical aid. There are many societies in which the contributions for medical aid are voluntary, and in these cases a member belonging to two clubs would pay only one subscription; hence there is no economic advantage to the doctor arising from this duplicate membership. The arrangement may, indeed, be a serious disadvantage to the medical practitioner in the following way: A member belonging to two or three clubs may in some cases be drawing a larger weekly sum as sick pay than he would be drawing as wages while at work. In such a case there is a distinct temptation to him to prolong his convalescence unduly if ill, to make the most of trivial ailments, or actually to feign illness; the doctor either has to give unnecessary attendance or there is thrown upon him the onus of first discovering, and then proving to the satisfaction of the club, that the man is malingering.

3079. "In many cases a man may be in two or three clubs; consequently he is receiving as much or more when on the sick list than when at work. I do not see how this abuse is to be mitigated, except by dropping contract practice altogether."

It is also said that receiving pay under the Compensation Act in conjunction with sick pay from one or more clubs tempts men to prolong their illnesses unduly.

2710. "The Compensation Act has added another burden. Club members who are injured will, no matter what the injury, remain a fortnight under medical care. If the injury is anyway serious they prolong, so that their employers are forced to give them a lump sum to get them off their hands and the doctor's hands. Club members when in two or three clubs get, say, 20s. a week and half their wages in addition, with a prospect, if they can only prolong or feign to prolong them for a lengthened period, a lump sum. During all this period they are on the club doctor's list for attendance and treatment."

In many cases where duplicate membership of clubs exists, especially in the case of members of works clubs who belong to Friendly Societies, the fee payable to the Friendly Societies' medical officer is a merely nominal one to cover certificates, or he receives a small annual bonus.

2127. "All the workmen, with few exceptions, belong to clubs, some to two or three—such as Oddfellows, Foresters, Hearts of Oak, West of England, etc.—which give me an honorarium (2 to 5 guineas, according to size) at the end of the year for extra services in examining candidates for entrance, etc. The Hearts of Oak pay 2s. for each examination."

2239. "Most of the members in this district are in two clubs, and pay the doctor's fee for both; they therefore pay 6s. a year for their doctors."

2796. "In my case nearly all the men pay me in addition 13s. per year at their works, which of course includes families, and in my case 23. 6d. more if in a second society. Still there are many who escape with 2s. 6d. per year, and take very much

more out of me. I do not blame the societies; we have only ourselves to thank for it."

2913. "In my society there are 380 on the books, but nearly half are either living out of the district or contribute to two doctors."

2944. A practitioner who considers as the result of a strict account that he has made a profit on one of his clubs, finishes his statement by saying that "many members were in other clubs as well as in the club referred to."

In the Lancashire and Cheshire coalfield many of the miners are members of the Lancashire and Cheshire Miners' Permanent Relief Society. In this Society members as a rule pay 2s. 6d. weekly to cover attendance upon accidents which happen while at work. In many branches of the society a further payment of 3s. per week covers attendance in ordinary sickness, and hence in their case no advantage accrues to the medical officer from duplicate membership.

In some instances, however, miners belong to both the old and the new permanent societies, and are entitled in case of accidents received at work to attendance from the surgeons of each of these organizations. In some of such cases, where one surgeon is more popular than the other, he will do most of the actual work, while the less popular surgeon will have little work in connexion with the club other than that of signing certificates.

Where members belong to the Miners' Relief Association, and to a Friendly Society in addition, they will of course only pay to the Association for accidents, and the only benefit from the duplicate membership which the medical officer of the Friendly Society receives is that he is relieved from attendance upon such club members in the case of accidents which happen while at work.

PART III.—FORM OF CONTRACT PRACTICE.

CHAPTER 8.—FRIENDLY SOCIETIES AND KINDRED ORGANIZATIONS.

A. PERMANENT FRIENDLY SOCIETIES.

FRIENDLY Societies are self-governing organizations for the provision of certain benefits for their members. The benefits offered by the principal Friendly Societies include in different districts some or all of the following: (a) payment of certain amounts during sickness; (b) payment of certain small amounts at death, for purpose of burial; (c) medical attendance during illness; (d) compensation for loss of tools; (e) allowance for travelling in search of employment. Of these, (e) is in some districts optional, or not furnished by the Friendly Society.

One Friendly Society, the Liverpool Victoria Legal, chiefly provides life insurance, and is more analogous in its methods and objects to industrial insurance companies, such as the Prudential, the Refuge, and the London and Manchester, than to such typical Friendly Societies as the Oddfellows, Foresters, Rechabites or Rational.

Membership of Friendly Societies is obtained by election, usually through a local Branch, health and good character being the chief conditions of eligibility. As regards health, the condition is, as a rule, that the intending member shall be certified as suitable for admission in this respect by a registered medical practitioner. In a majority of cases the registered medical practitioner must be a duly-appointed officer of the Society or of the particular Branch (court or lodge) through which admission is sought. In many cases, however, the certificate of any registered medical practitioner is accepted.

The certificate of a registered medical practitioner is also required as a condition of payment of sick benefit. As a rule, the certificate must be that of a duly-appointed medical officer of the Court or Lodge through which the payment of sick benefit is to be made. In many instances the certificate of a medical officer of some other branch of the same society is accepted under certain conditions, and in some instances the certificate may be of any registered medical practitioner.

The principle of accepting the certificate of any registered practitioner, which is exceptional in other societies, is the rule in the Hearts of Oak, which does not provide medical aid.

As regards constitution and systems of government, a distinction may be made between the centralized societies, such as the Hearts of Oak and Rational, which are governed by a central committee, and the affiliated societies, including the Oddfellows, Foresters, Rechabites, and many others, in which the local branches have a greater degree of independence

Even the affiliated societies are subject to general rules formulated by an annual conference of delegates, and to the control, in certain respects defined by the rules, of a central executive or directorate. Of the principal matters which affect the medical profession, the terms of appointment and remuneration of medical officers are at the discretion of the branches—courts or lodges—though the remuneration is to some extent affected by the general rules of the order relating to the management fund, out of which the medical officers are in many instances paid. On the other hand, the question of possible exclusion of certain members from medical benefits—which affects the practicability of any arrangement in the nature of a wage limit—could be effected by general rules of the order.

The local government of Friendly Societies is usually in the hands of general meetings of the branches, though in some instances powers are vested in Committees. Inasmuch as Friendly Societies, like other voluntary organizations, experience a disinclination of the large majority of members to attend meetings and take part in administrative work, government by general meeting means government by the small minority of active members. Hence the apparent anomaly that, in some disputes between Friendly Societies and their medical officers, the ruptures which have occurred have been contrary to the wishes of a majority of the members affected, and that after the rupture such members have preferred to become private patients of the medical officers dismissed from the service of the club, rather than avail themselves of the medical attendance by the new medical officer for which they have to continue paying to the club.

Sex and Age of Club Members and other Beneficiaries.

Originally the membership of Friendly Societies was confined to adult males, the object being to provide against the heavy burden of sickness of the wage earner through cessation of the income derived from his earnings, and increased expenditure—in respect of medical attendance and otherwise—caused by his illness. The burial benefits, however, have always included payment of a certain sum on the death of the wife of a member. In recent years—partly, perhaps, through the increasing employment of women—women have been admitted as members of Friendly Societies. Both from the general social point of view and also as regards the effect of such arrangements on the medical profession, a distinction may be drawn between the admission to Friendly Societies of women who are themselves wage earners, and the admission of the wives of members or of other women who are partially or completely dependent upon the earnings of others. From the general social point of view there is obviously not the same economic constraint upon undue claims upon the funds for sickness of women who are not wage earners as of those who are. As affecting the medical profession, there is consequently a proportionally excessive requirement of medical attendance in the case of the non-wage earners.

Recent years have witnessed also the formation of a considerable number of juvenile courts, and with respect to these the same observations apply as to women who are not wage earners, and perhaps with even greater force. In both these classes there is a tendency for the medical benefit to be the principal object of entry to the society.

As a rule the benefits of Friendly Societies are confined to the actual members, but in recent years arrangements have grown up for the provision of medical attendance for the wives and families of members.

Without entering into any consideration of the general question whether arrangements for the provision of medical aid apart from other benefits are or are not desirable from the point of view of the medical profession, attention may be drawn at this point to the great difference which has been produced in the position of medical officers of Friendly Societies by the widening of the scope of their operations above described, inasmuch as the formerly reasonable expectation that the medical officership of a Friendly Society might furnish to a medical practitioner an introduction to a valuable working-class connexion for private practice has now to a great extent disappeared. At present there is a tendency for Friendly Societies to include the whole of the portion of the community for which they cater within the scope of their contract practice, and there is reason to connect historically much of the friction which in recent years has occurred between Friendly Societies and the medical practitioner with this change. In this connexion reference should be made to the statements made in Chapter 3, as regards the amount

of attendance required by women and children under contract as compared with adult males).

Employment of Medical Officers of Friendly Societies.

As already stated, medical officers are usually engaged by the local branches of Friendly Societies. The appointment is made as a rule in a general meeting of the branch, court, or lodge; in some instances competition for the appointment is invited. In certain districts a number of medical officers are appointed to one court or lodge, or to a combination of courts or lodges, and in some instances it is thrown open to any medical practitioner in the district who is willing to act. Where a number of medical officers are employed it is usually open to each member of the court or group of courts to choose his own doctor, but in some cases the medical officers are assigned to stated districts. The groups of branches employing medical men in this way must be carefully distinguished from the Friendly Societies' Alliances, or Institutes organized solely for the provision of medical aid, which are described in Section C of this chapter.

It is often a condition of appointment of a medical officer that he shall become an honorary or benefit member of the order.

Tenure of Office.

The tenure of office in Friendly Societies varies very widely, and three systems may be distinguished: (a) appointment at the pleasure of the court, which means that a change may be made at any time without notice, (b) appointments for fixed periods, usually annually but often for periods of two to five years, (c) appointments subject to a specified term of notice.

Form of Contract.

As a rule there is no signed contract; the arrangement is made by a resolution of the branch or other body having the power of appointment, and is understood to be upon the conditions defined in the rules of the branch. In some cases special arrangements are made by correspondence.

Definitions of Duties.

As will be gathered from the foregoing paragraphs, such definitions, where they may be said to exist, are usually contained in the rules of the branch.

B. DIVIDING SOCIETIES.

Among the Friendly Societies from which reports have been received are included about 300 dividend or dividing societies. These societies are known in different parts of the country by such names as yearly societies, breaking societies, tontines, slate clubs, and cock-and-hen clubs, while many of the small local Friendly Societies, known as mutual provident societies, mutual aid societies, and the like, also work on the dividing principle—that is to say, no surplus funds of any magnitude are accumulated. The funds of the society are divided among the members, usually at yearly intervals, but in some cases at irregular periods. Societies of this class represent the very early stage in the evolution of the Friendly Society, and some of them appear to be so loosely organized that there is very little to distinguish them from the "whip-round" in works, or from the "friendly lead" on the behalf of a deceased companion. Generally speaking, it may be said that the organization of the Dividing Societies bears to that of the permanent Friendly Societies much the same relation that the economy of the wild bee bears to that of the hive bee. Persons following employments which, although well paid, are irregular, and persons whose occupation takes them frequently from place to place, find the organization of the Dividing Society more to their liking than that of the permanent Friendly Societies, no doubt feeling that in their subscriptions to the permanent society they would to a large extent be accumulating surplus funds solely for the benefit of others. This is, no doubt, the reason that such societies are especially popular among dock labourers, sailors, and in seaport towns generally. But in inland towns and villages there are many small societies of this class whose members also belong to the larger and permanent Friendly Societies.

It is worthy of note that only three returns have been received from Scotland which appear to relate to Dividing Societies. In many cases there is no medical officer appointed, and the Society confines its functions to giving "sick pay" to its members.

Though most of the smaller societies of this class are unregistered, there are several large registered Dividing Societies, and at least one has a central management, and a number of lodges scattered throughout the country. This society—the

Royal Hearts of Oak Dividing Friendly Society—makes a special appeal in its prospectus to seafaring men and to men whose occupation takes them from one locality to another. It appoints no medical officers. The arrangements between the parties to the contract in most smaller societies of this class appear to be of a very informal nature. In many slate clubs held at public-houses the landlord is probably the only official, and a club is governed more by tradition than by written law. In societies connected with churches, chapels, Pleasant Sunday Afternoon associations, etc., the rules are printed and elaborate, and the society is often registered, and the contract with the medical officer is more formal.

Beneficiaries.

The beneficiaries in many cases consist simply of the habitual patrons of the public-house where the club is held or of workers at a given dock, wharf, or other centre. By this fact their social position is settled automatically. In connexion with churches and chapels the benefits are commonly reserved to those members of the congregation who belong to the working classes, without, however, the imposition of any specific wage limit.

The services to be rendered consist in most cases of general medical and surgical attendance, but it will be understood from what has been said previously that all rules, including those relating to services, are usually ill-defined.

The rates usually vary according to prevailing rates of Friendly Societies in the district, but it occasionally happens that there are two or more slate clubs in the same village at different rates, corresponding, perhaps, to some slight social difference in their members.

One important economic feature of the arrangement is that a member's connexion with the club is not so secure as in the case of the permanent societies. It appears that a member who develops a chronic illness or for other reason threatens to be a charge on the funds of the society may in some cases be rejected at the next annual election of members, and that in others, though all members have a right to rejoin after the annual division of surplus funds, a single lapse of payment of subscription may suffice permanently to sever connexion with the society. In point of view of remuneration and its relation to work done this feature is, of course, favourable to the medical officer, but must press hardly on the members.

Effect on the Medical Profession.

It will be gathered from the description of Dividing Societies that in their relations to the medical profession they closely resemble the Friendly Societies.

In at least one large town these societies have taken a lead in a dispute with the medical profession as to rates, which has resulted in the formation of an Institute by the societies, and a Public Medical Service by the profession.

As a rule, however, the less stable economic principles of the Dividing Societies make concerted action between a number of such societies less probable than among the permanent organizations.

C. FRIENDLY SOCIETIES' INSTITUTES.

Objects and Constitution.

In various parts of the country, especially in large towns, the Friendly Societies have formed combinations for the provision of medical and allied benefits for their members, known as Medical Alliances, Medical Institutes, or Medical Aid Associations.* Many of the institutions thus founded appear to have been modelled on Provident Dispensaries, though as a rule they differ in the mode of employment of medical officers.

Particulars of five such institutions are included in the returns from individual practitioners, and information as to others has been obtained from other sources.

Certain principles of constitution and management of these bodies flow naturally from their origin; thus the rules take their authority from an agreement among the societies entering the combination, and the detailed administration is usually entrusted to a Committee of delegates from the societies.

Beneficiaries.

The beneficiaries are usually the members of the combined societies with their families, and the payments to the institute are frequently made through the various societies.

There is no wage limit or other provision for the exclusion of persons who can afford to pay ordinary medical fees.

Contracts with Medical Officers.

In their contracts with medical practitioners, these bodies

* These Friendly Societies' Medical Aid Associations are not to be confused with the Medical Aid Societies described in Chapter 10.

are usually much more precise than the majority of contract practice organizations, partly perhaps owing to the activity of the wide "Alliance" shortly to be described.

The contract between the society and the medical practitioner is in all cases fully expressed in writing, and the duties, term of appointment, and scale of pay clearly laid down. A definite period of notice to terminate an engagement (usually three months) is prescribed. The duties usually include general medical and surgical attendance, but not dispensing or supply of medicines. Confinements and vaccinations are often included in the contract at specified rates; 10s. 6d. and 1s. respectively in one instance. In one case the duties prescribed to the medical officer include one which is surely somewhat unusual, namely, to see that the waiting-room fires are lit in winter by 8 a.m. The course of action required from him in case the fire should not be lit is not defined.

Remuneration.

Payment is usually by fixed salary, but sometimes by rate per head of persons entitled to attendance. In most cases other allowances in addition to drugs—for example, rent and rates, horse hire, etc.—are made to the medical officer. The work required from the medical officer to these bodies is sometimes very heavy in proportion to the remuneration. In one case the medical officer gave over 13,000 attendances in the year for the payment of £275—that is to say, he received about 5d. for each attendance.

The position generally of the medical officers of these institutions appears to be in many cases less satisfactory than that of the practitioners connected with any other form of contract practice, except perhaps the Medical Aid Societies. The medical officer has no independence in the practice of his profession, being absolutely under the control of a Committee who have little or no knowledge of the conditions necessary for efficiency of a medical service.

In many towns the Institutes have been founded as the result of disputes between clubs and private practitioners regarding remuneration, wage limits, or other questions of difficulty, and the medical officers by the mere fact of accepting the appointment place themselves in a position of hostility to, and therefore of isolation from, the other practitioners of the district.

This fact, the arduous work, and frequently inadequate remuneration, and the entire sacrifice of independence, probably account for the frequent changes of medical officers, and the unsatisfactory character, professionally and otherwise, of some who accept such appointments.

Seventy of these institutions are affiliated to a body called "The Friendly Societies' Medical Alliance," and certain extracts from the annual report of this body suggest the relations which prevail between the affiliated societies and their medical officers.

The report commences with a congratulatory statement that the changes in the medical staff of the institutions have not been large during the year, and that the medical men stay a longer time than previously; the length of service which has been attained is not stated, however, and the reasons of the changes which have taken place are not alluded to. The report goes on to state that information, sometimes of a lengthy nature, has been received from an indefinite number of towns where the Affiliated Associations have had "troubles" with the medical faculty; and it is further reported that the duties of the committee are most difficult and delicate, sometimes delightful, at others most distasteful. Incidental references to black lists of medical men, to requests to resign, and so forth, make up the remainder of the report. In the general body of the report occurs the following statement, which is surely worthy of reproduction: "The medical practitioners throughout the country recognize that we have their, as well as our own, welfare at heart."

CHAPTER 9.—WORKS CLUBS.

WORKS Clubs differ from all other forms of contract practice in being constituted under a special provision of an Act of Parliament.

Under the Truck Act of 1831 contracts between employers of labour and those employed by them were made invalid except in those cases which were specifically excepted, among these being the provision of medical attendance and medicine.

The following is a copy of the Section in question:—

"That nothing herein contained shall extend or be construed
"to extend to prevent any Employer of any Artificer or
"Agent of any such Employer, from supplying or

"contracting to supply to any such Artificer any medicine or medical attendance or any fuel, or any materials, tools, or implements to be by such Artificer employed in his trade or occupation, if such Artificers be employed in mining, or any hay, corn, or other provender to be consumed by any Horse or other beast of burden employed by any such Artificer in his trade and occupation; nor from demising to any Artificer workman or labourer in any of the trades or occupations enumerated in this Act the whole or any part of any tenement at any rent to be thereon reserved, nor from supplying or contracting to supply to any such Artificer any victuals dressed or prepared under the roof of any such Employer, and there consumed by any such Artificer, nor from making or contracting to make any stoppage or deduction from the wages of any such Artificer, for or in respect of any such rent or for or in respect of any such medicine or medical attendance; or for or in respect of such fuel, materials, tools, implements, hay, corn, or provender, or of any such victuals dressed and prepared under the roof of any such Employer or for or in respect of any money advanced to such Artificer for any such purpose as aforesaid. *Provided always that such stoppage or deduction shall not exceed the real and true value of such fuel, materials, tools, implements, hay, corn, and provender and shall not be in any case made from the wages of such Artificer unless the agreement or contract for such stoppage or deduction shall be in writing and signed by such Artificer.*"

Taking advantage of this provision workmen in various industrial establishments, mines, and collieries throughout the country have entered into contracts with their employers for the deduction of a certain amount regularly from their wages for the provision of medical attendance and medicine for themselves and in many cases also for their families.

The following is a copy of a form of agreement used for this purpose:

Copy of Book No. 2.

Item 6.

THE MONMOUTHSHIRE AND SOUTH WALES COAL-OWNERS' ASSOCIATION.

TO THE OWNERS OF THE COLLIERY AND TO ANY PERSON CARRYING ON THE SAME OR ANY SECTION OR PART THEREOF.

WHEREAS I the undersigned have this day been employed as a workman by you or one of you at the said Colliery. Now I hereby authorize and require you or either of you to deduct from time to time out of the wages earned by me while so employed all payments which shall from time to time be made by you or either of you for me upon my request in respect of medicine and medical attendance, fuel, tools, or material supplied to me by you or either of you, and such an amount as is necessary for the payment of the wages of the checkweigher, and also rents in respect of any tenement occupied by me as tenant to you or either of you.

Signature of Workman.	Attesting Witness to Signature.	Date of Signature.

The arrangements made in various parts of the country to carry out these objects, by the employment of medical practitioners, and in other respects, differ widely in different districts, and sometimes in different works and collieries in the same district.

Historically, the earliest arrangement, and in some respects the simplest, is that in which the employer of labour himself engages a medical practitioner to attend the workmen whom he employs.

More usually, at the present time, the selection of a medical attendant is left to the workmen themselves. In certain instances it is left to each workman to nominate any practitioner in the district, and the money stopped from each workman's wages is paid to the practitioner nominated by him.

In other cases, again, the general body of workmen or miners engaged at a particular works or mine, or of those

working in a particular district, choose their medical attendant for the time being in a general meeting, and the engagement may be terminated again by a general meeting.

In any of the foregoing cases committees are frequently appointed by the workmen or miners to watch their interests with respect to the medical attendance which they obtain under the contract.

In certain districts these committees have been appointed to receive the money deducted from the wages of the workmen and to manage the medical services, employing medical practitioners, maintaining central dispensaries, and in some cases providing hospitals out of the funds thus received.

Such systems of management are regarded with disfavour by the profession for reasons which can be more readily explained when other matters affecting the constitution of Works Clubs have been discussed.

Beneficiaries.

The economic position of the beneficiaries in Works Clubs is in most cases clearly defined by the constitution of the organization, but in schemes managed by committees of the kind last described in the preceding section there has been a tendency in recent years to throw the benefits open to all sections of the public in the district. This tendency has been resisted by the profession, in the main successfully.

In most colliery districts the families of the wage earners are all included in the contract. This is not the case, however, in the Lancashire and Cheshire mines and in many of the Works Clubs connected with isolated districts in various parts of the country, the benefits in these being confined to the workmen. It would appear, on the whole, that where Works Clubs are the predominating form of contract practice organization in a district, families are usually included. Where, on the other hand, Works Clubs only provide for a small portion of the community, the predominating contract practice organizations being Friendly Societies, the Works Clubs are similar to these in character, and provide only for individuals.

Terms of Contract.

The terms of the Contract and the duties of medical officers in Works Clubs are usually loosely defined, the exception being the appointments under Committees, where definite rules are often laid down.

Remuneration.

As regards remuneration, the medical officer receives the payments of the beneficiaries, subject in some cases to a reduction for cost of collection. In some instances, particularly where Committees are appointed, the medical officers receive fixed salaries, and the contract with them does not include the provision of medicines.

In the South Wales poundage system the contributions of the workmen who earn high wages help to make up for the deficiency from the payments of the others. Remuneration in most districts has recently been raised from 2d. to 3d. in the £, the medical officers finding that the former rate was unremunerative. Similarly in the coalfields of Northumberland and Durham, from the activity of the Northumberland Medical Association and the Durham Medical Union, and from the efforts of the Midland Medical Union in the coalfields of Derbyshire and Nottinghamshire, the rate has been raised from 6d. to 9d. per fortnight. In some instances more or less prolonged contests with the miners have been necessary to achieve this object, and the attainment of it has been delayed in one or two instances by the importation of outside practitioners. Both in South Wales, and the North of England, however, experience has, in some degree, convinced the miners that the medical practitioners who are prepared to act in opposition to the general body of the profession are not always desirable officers as regards their character and professional skill.

Effects of Works Clubs upon the Medical Profession.

The relations of medical practitioners to Works Clubs vary greatly in different districts, being in some instances of the most harmonious description, while in other cases grave and prolonged disputes have arisen.

One distinctive feature of Works Clubs—namely, the direct control by the beneficiaries themselves over the management—tends to friendly relationships and the ready adjustment of differences. On the other hand, those engaged in the industries in which Works Clubs commonly exist are already highly organized for their mutual assistance in other matters, and when a dispute does arise it is often taken up vehemently.

Differences between the profession and the workers have chiefly been on questions of remuneration, but in South Wales another important question has arisen—namely, the extension of the system of funds managed by Committees who employ medical officers at salaries. This has not been found conducive to the efficiency of the service, and the local profession are united in opposing the formation of new "Funds." The mistakes made by the managing Committees through their ignorance of the conditions of efficiency in a medical service have had the effect, in some instances, of preventing medical practitioners from remaining long in the employment of such Committees, and the loss of independence of the practitioner is also a serious drawback.

CHAPTER 10.—MEDICAL AID SOCIETIES.

In different districts organizations of very various types are designated "Medical Aid Societies" or "Medical Aid Associations." Some of these appear to be small Friendly Societies or Provident Dispensaries. One at least belongs to the group named in this report, "Public Medical Services."

For clearness of classification the term "Medical Aid Society" is used throughout this report exclusively as the designation of the type of organization which has brought the name into disrepute in the medical profession. That is an organization promoted by certain non-medical persons, not like Friendly Societies and Works Clubs for the benefit of members and their dependents, nor like the "honorary members" of Provident Dispensaries who themselves contribute to a charity for the assistance of the poor, but as a commercial speculation for the direct or indirect profit of the promoters. An example of indirect profit is furnished by the commonest Medical Aid Societies, those, namely, which have been organized by certain Industrial Insurance Companies as a means of attracting insurers.

In the present inquiry, the reports received relating to Medical Aid Associations have been very few, the total only reaching twenty.

Probably a few years ago, before the Great Yarmouth case, a large number of replies under this head would have been received, and it is significant that of the respondents who send returns relating to Medical Aid Associations one states that no new members are being taken, another that the medical aid work is fast dying out, and a third that he is about to resign his appointment.

Constitution and Management.

The constitution and administration of these "Societies" are naturally simple, being sufficiently explained by the statement that they are governed by the non-medical promoters, neither the beneficiaries nor the medical officers having any voice in the matter, except that which the former obtain as customers who must be satisfied, and the latter as servants who must be induced to serve.

Beneficiaries.

The beneficiaries consist of all those patients whom the energetic canvassers of the society can persuade to join, irrespective of age, sex, or social position, and it has been shown that much indiscriminate canvassing for members has, in the past at least, gone on.

Appointment of Medical Officers.

The contract between the Medical Officer and the Society is in most cases definite and clearly expressed. A copy of the agreement clause of one such society follows:

"And I also agree, for the undermentioned consideration, to give and supply at all times, when required, attendance, advice, and medicine, to the best of my judgement, to one and all of the members of the said company that become my patients, when called upon to do so, and once a week (if required) to sign a declaration or certificate of illness, provided by the company. The sum of 1s. per member per quarter to be paid by the company for all members whose names appear upon the list to be supplied in advance every quarter from the chief office of the company, be they few or many; should no list be supplied, no attendance to be given. Members to provide their own bottles or be charged by me for them."

The services required and the remuneration given are exemplified in the above agreement. In some cases 2s. only is paid for juveniles, who are admitted from early infancy.

The above clause seems to show that the medical officer is in a very unsatisfactory position as regards the termination of the contract, since, unless there is some other clause in the

agreement bearing on the point, he must be liable to dismissal without notice. Most respondents state, however, that the agreement is subject to three months' notice.

Effect on the Profession.

The experience of the profession with respect to the Medical Aid Societies a few years ago, when they were in active operation, was exceedingly unfavourable; these organizations illustrating every abuse connected with contract practice, especially the underselling of other practitioners and canvassing. The latter abuse was clearly proved in the Great Yarmouth case, the decision of which is shown by the replies of respondents to have done much to check the activity of Medical Aid Societies.

These Societies have rendered one service to the profession, namely, that the necessity for counteracting or supplanting their work has been the cause of the formation of some of the most successful Public Medical Services.

CHAPTER 11.—PROVIDENT DISPENSARIES.

Objects.

PROVIDENT Dispensaries are institutions which in the majority of cases have been founded by charitable persons for the assistance of the poor, the recognized object being to enable certain sections of the community to make provision for part or all of the cost of medical attendance upon themselves and their families by a system of weekly or monthly payments.

Membership.

An examination of the history of Provident Dispensaries shows that the benefits were originally intended for those whose means were insufficient to enable them to pay the full cost of ordinary medical attendance, and frequently these institutions have so-called "honorary members"—that is, persons who subscribe to the funds of the institution, but do not share the benefits.

In the course of time, however, advantage has been taken of the benefits of Provident Dispensaries by persons who are quite able to pay for medical attendance by the ordinary working class or even higher fees, and this has led to disputes with the profession in certain towns.

Constitution.

Provident Dispensaries are constituted under rules which are capable of being modified by the beneficiaries and non-benefiting subscribers.

Usually the institution owns a building or buildings for its work, at which patients are seen (only the more serious cases being visited at home) and medicines dispensed. The cost of drugs and dispensing is usually borne by the institution as a separate charge from the payment of medical officers, who are engaged to give attendance only.

Management.

Provident Dispensaries are governed by Committees, in which some or all of the following are represented:

- (a) The beneficiaries.
- (b) The non-benefiting subscribers.
- (c) The medical staff.

In some Provident Dispensaries members of the medical staff are only allowed to be members of the Committee when they are also subscribers to the funds of the Institution (for example, Leicester).

Terms of Appointment.

In Provident Dispensaries the Medical Officers are as a rule appointed by the Committee, more than one is usually appointed, and in at least one instance (Lichfield) it is open to all medical practitioners in the district to act on the staff.

A definite term of notice to end the engagement is usually prescribed in the rules, and no contract exists beyond the acceptance by the medical officer of his appointment on the terms defined in the rules.

Definition of Duties.

The duties of the medical officers are usually defined in respect of ordinary duties, including visiting, and, in many cases, attending patients at the building provided by the Institution. In many cases certain services are specifically excepted from those required under the head of ordinary attendance. This is specially the case as regards midwifery, which is usually provided for by a separate payment.

Remuneration.

The remuneration of the medical officers is usually a percentage of the payments made by the beneficiaries; in the

Manchester and Salford Dispensaries the percentage is lowest, namely, 50 per cent. In Coventry it is 62 per cent., with a provision that the share of each medical officer shall not be more than £400 per annum. In other cases it is provided that the surplus of the payments of the provident members, after payment of the working expenses of the Institution, shall be divided among the medical officers in proportion to the number of patients who have placed themselves upon the list of each medical officer for the period in question.

Effect on the Profession.

With respect to the effect of Provident Dispensaries upon the medical profession, the complaints which have been made from different districts show the existence of the following abuses:

(a) Admission of persons who can afford to pay ordinary fees.

(b) Selection by the Committee of individual practitioners to act on the staff of the dispensary, with the result that such practitioners are in many cases advertised by the dispensary to the disadvantage of their fellow practitioners. This is particularly injurious to other practitioners when, from the absence, or want of enforcement, of a wage limit, the dispensary admits persons who previously had been employing practitioners not on the staff of the dispensary and paying them ordinary fees.

In many cases the representation of the medical staff on the committee of management is entirely inadequate, which makes it more difficult to prevent abuses, such as the non-enforcement of the wage limit, and canvassing and advertising by the Dispensary.

In at least one case, where an old and originally purely charitable Dispensary has been converted into a Provident Dispensary, the staff is employed at fixed salaries, and it is alleged that, inasmuch as no wage limit is enforced, the institution is systematically underselling the general practitioners of the district.

The reforms that have been suggested (apart from the proposals of the Medico-Political Committee) in connexion with Provident Dispensaries are: Increase of the medical staff to include all practitioners in the district who desire to act; increase of medical representation in the management; provision of wage limits, where not already in existence, and due enforcement of such wage limits as exist; prohibition of canvassing and advertising; and that a larger proportion of the payments of provident members should go to medical officers; in other words, that less should be absorbed in expenses of management and in buildings.

CHAPTER 12.—PRIVATE CLUBS.

It will be seen from Appendix B that particulars have been received relating to 253 Private Clubs. These are scattered through England in slightly varying proportions, ranging from one-tenth to one-sixth of the total returns in the different areas which have been considered. In Ireland the proportion is much lower; this may be a result of the Irish dispensary system, which perhaps takes the place of Private Clubs, or may be accidental, and due to the relatively small number of returns from Ireland.

The ethical rather than the economic aspect of Private Clubs calls forth an expression of opinion from respondents, and widely diverse ideas are held on this subject. One respondent considers the holding of Private Clubs as infamous conduct; another, that the Private Club is both ethically and economically the best form of contract practice.

Constitution.

Since the medical practitioner in a Private Club usually settles by direct negotiation with the beneficiaries, the form of the contract, its details, and the method by which it should be carried into effect, it follows that there will always be a strong personal element in force, which to some extent may override the natural advantages or disadvantages which may be connected with this form of practice, and which may determine whether a club shall or shall not be conducted on ethical lines.

This direct contact between the medical practitioner and his club members in their negotiations is the leading feature of the Private Club System, and is a feature found nowhere else in contract practice work, except in the case of the Public Medical Services and some Works Clubs. Indeed, in small villages with only one practice, the Private Club is, in effect, a Public Medical Service reduced to its simplest terms.

Many expressions of approval bestowed upon Private Clubs are reserved for application to these cases—that is, village practices—the opinion of the respondent with regard to similar clubs in more populous areas being withheld or adverse.

Form of Contract.

The form of the contract in Private Clubs consists usually either of a series of printed rules by which the club member must be guided, or there is merely the verbal arrangement between the parties. Of the 253 clubs of which particulars have been furnished, it is stated in 187 instances that printed rules are supplied, and 25 sets of copies of such rules have been returned with the forms. An analysis of the contents of these appears in Appendix D.

Mode of Inception.

In theory, the mode of inception of the contract is that a person desirous of taking advantage of it calls at the house of the medical practitioner and requests to join the club; upon an inquiry into his means and state of health, with, perhaps, a medical examination, the medical practitioner accepts or rejects him as the case may be. The fact, however, that in many cases a collector is employed, who may serve as the means of introducing new members, renders this arrangement open to objection, particularly when the collector is paid by commission on the amount collected. Severe remarks on the subject are made by many respondents, for example:

Canvassing.

3399 "In this town 'the penny a week' club is the curse of the medical profession. In order to start such a club I understand that the following is the *modus operandi*: Obtain an energetic canvasser, who will go from house to house collecting pennies. If at any house the people refuse to become a member of your 'penny a week,' the canvasser must keep on calling until they do. The canvasser gets as a reward for his faithful services 25 per cent. of his takings. I believe canvassers have been known to take the lot. If the cost of the club should interest the British Medical Association I shall be pleased to answer any questions concerning them."

Termination of Contract.

As to the termination of the contract the practitioner in many cases reserves the right to discontinue his services at his own discretion by giving one month's notice, while the beneficiaries may, of course, terminate it at any time, simply by ceasing to pay their subscription. The rule is almost universally made that if subscriptions (which are payable in advance) fall into arrears, the contract automatically comes to an end, the amount of arrears varies from one week to three months.

In some cases a lapsed member may be readmitted simply by paying the instalments which are due. In others arrears have to be paid and the member is out of benefit for a prescribed period, in others again a fine is payable before reinstatement can take place.

Beneficiaries.

It is frequently stated in the rules that the benefits of the club are reserved for labourers, members of the working classes, persons of small means with or without their families (but the families usually are included) and similar persons. In many cases a definite wage limit is fixed, which generally varies from twenty to thirty-five shillings per week. In most cases persons of both sexes and all ages are admitted as members. In some, though juveniles are admitted, an inferior limit of age is prescribed below which they cannot enter. In one case, newly-born infants must be entered within three months or in default an entrance fee is charged. As has been indicated above, a condition of good health on admission is usually required, in some cases this is simply stated in the rules, but in others a medical examination is required, for which a fee is occasionally charged.

Definition of Duties.

The services to be rendered under the contract are usually defined as ordinary medical attendance, and there is in most cases a special rule excluding certain services, such as confinement, vaccination, surgical operations, fractures and other severe accidents, and dental work. Very frequently it is specified that work of this class will be done at reduced rates; sometimes the fees are stated which will be required; while in other cases no arrangement is made.

Remuneration.

An indication of the fees which are charged in private clubs is given in Appendix B (page 34), where it will be seen that on the whole they are higher than in the case of Friendly Societies and other similar organizations. From these fees, however, there must, in most cases, be deducted the collector's commission, which is sometimes so low as 5 per cent., but in other cases reaches 25 per cent., and in one instance which is recorded the collector received as his share 25 per cent. of the weekly payments, together with the whole of the first week's subscriptions.

Yield in Relation to Work.

The returns afford very little information with respect to the work done by the practitioner, and it is impossible to form any idea of the yield per attendance in clubs of this kind. In many instances practitioners state that the work is very light or gives little trouble. It will, however, be readily understood that the fact that all the arrangements, including choice of fees and selection of candidates, are in the hands of the practitioner may either cause this to be actually the case or so bias his opinion as to lead him to believe that it is so.

Since the members of Private Clubs join for the sake of the medical benefits only, and not for other advantages, such as the good-fellowship of a Friendly Society, the benefits of sickness insurance, and the like, it is reasonable to suppose that there will be a temptation to them to take every opportunity of securing a return for the money paid in subscriptions. An instance of this was given in the *BRITISH MEDICAL JOURNAL* some time ago in the case of the servant who assured her mistress that she got her "whacks" out of the club whether she was ill or not. Several practitioners who hold clubs make complaint on this point.

3323. "I find that very often the members, at any rate many of them, expect to be visited and treated for every trifling ailment, for which were they not in a club they would not think of applying for advice or medicine.

"That the existence of the private club, many of those well able to pay a bill are anxious to join if possible, they either pretend, or do not care to consider, the difference in their respective positions. Those who are members are in most cases in better circumstances now than they were when the club was first started, and very many of them are generous enough to acknowledge this."

Other practitioners think that the increased power of selection of candidates given to them by the private club system renders their work on the whole more remunerative.

Effects on the Profession.

The essential difference between private and other clubs is of course in the fact that no organized body acts as a medium between the practitioner and the beneficiaries. The advantages of this arrangement have already been dwelt upon, and are sufficiently indicated in the following extracts:

2710. "The family club run by the doctor himself is a necessity. He can be dismissed at a moment's notice very often from a Friendly Society. The individual member of his own club, if he has a complaint to make, does it personally. The doctor is free from the supervision, and, as I have found, the impertinence of the committee of the Friendly Society. The patients in a family club look up to him personally. In the Friendly Society club he is very often treated as a servant. The smallest infringement of their rules means a complaint and a visit from the committee. The doctor of a family can make his own terms as to charge and radius."

2674. "To a country practitioner, and especially one who has a Poor-law appointment, I consider that a private club is absolutely necessary, and he can by this club do much more good, and stop pauperization, than by any other means I know."

"In my opinion the most satisfactory form of contract practice is the private club: one can accept those who really cannot pay full fees, and can refuse those who can afford to pay properly, and there is no committee to trouble one."

There is, however, in all cases where competition in practice exists, a very serious drawback to this arrangement. The practitioner holding a club must of necessity have some form of contract with the club members. As a rule, as has been seen already, this contract takes the form of printed rules. It is necessary, for purposes of convenience, that either on the printed rules, or on the card of membership, or on both, the name of the practitioner, together with his address and hours of attendance, must be printed. In fact the general arrangement is that subscription cards and rules form one document. Such cards or

copies of rules cannot fail to be regarded by neighbouring practitioners as a form of advertisement; and it must be admitted that in many cases, in addition to the rules and details of payment, there is on the card some phrase which can legitimately be interpreted as an attraction to outsiders to become members of the club.

An essential feature of a private club is that some advantage is offered over and above those pertaining to the ordinary system of payment by fees. It is almost a matter of necessity that club cards should pass from hand to hand, or should be seen by neighbours in the houses of club members, and thus, without any direct canvassing, the card itself serves to call attention to the fact that Dr. A., for example, attends patients upon more acceptable terms than his neighbour Dr. B. When Dr. B. finds that his working-class practice is thus being encroached upon through the superior attractions of Dr. A.'s private club, it is not an unnatural consequence that he also should institute a private club, whose terms or the services rendered are even more attractive.

In cases in which a collector is employed the temptations to carry on advertising and canvassing are more marked still. There is a distinct inducement to a collector who is paid by commission to canvass for new members, and however strongly the medical officer of the club may urge upon him that his duty is that of collection merely and not to gain new members, it is very doubtful whether in the majority of cases this will have much effect. The acquisition of each new member implies an increase in the salary of the collector and is likely to be a consideration, and of much more weight than the verbal directions of his chief.

The example already given, as to the *modus operandi* of starting a private club, indicates the attitude of certain members of the profession towards the collector who is paid by commission. Other respondents express similar views. As for example:

2569. "Private clubs only become detrimental to the profession when the collector is allowed to canvass for new members and to put on the club people at least able to pay a moderate fee."

"We agreed not to admit any more members to our private clubs for these reasons:

"1. That it is only the thrifty persons who would in the ordinary way pay their bills who would join a private club.

"2. The bad payers will not join a club.

"3. That women are, as a rule, always ailing, and when they belong to a club are sending for the doctor or for medicine all the year round.

"4. This also applies to the children.

"5. That we were satisfied private clubs did not pay.

"6. That it is unprofessional to carry on a private club.

"There is only one point in favour of a private club, and I think that it must be the reason that private clubs were started here, and that is because if any of the labouring people in this district do not care to pay for a doctor they can have an order for the parish doctor, either 'on loan' or 'gratis,' as the case may be, and I have never heard of a person having an order 'on loan' being asked by the guardians to pay."

3355. "In this district private family clubs are in the hands of a collector, whom I have known to canvass for members.

"Also two classes of people enter: (1) That respectable class (?) who, for reasons of thrift and economy, desire to get professional attendance at cheap and reduced rates; (2) those whom from experience discover that they or their family are more or less chronic invalids, and require constant attention.

"The class for whom it is alleged it is intended (those who will not pay their bills) either do not join or do not pay their subscription."

2213. "Private clubs appear to me to be the most satisfactory of all forms of contract practice. The management is entirely in the hands of the medical man; he can exclude those he does not care to attend; he is his own master, and not a slave to a lay committee.

"Considering the increase of our services and the better condition of the working classes, I am of opinion that the rates for contract practice should be increased to:

"Males (country), 6s.; females and children (country), 7s.
"Males (town), 5s.; " " (town), 6s."

2391. "I decline to take women at any price, and insist upon juveniles paying the same as adults.

"Private clubs are most undesirable and attendance on them should be considered infamous conduct."

CHAPTER 13.—PUBLIC MEDICAL SERVICES.

Meaning of the Term.

THE term "Public Medical Service" has been applied in certain districts to organizations for providing medical attendance and medicine for certain sections of the community, in which the Service is under the entire control of the medical profession. In other districts Services of exactly the same general type have been established under the title of "Provident Medical Associations"; but the generic designation of "Public Medical Service" is preferable, as avoiding confusion with organizations under lay control.

The Public Medical Services at present in operation in this country have all been established in comparatively recent years, and therefore the origin and objects of formation are well known. The Coventry Medical Service was formed chiefly as a means of combating the abuses of the Coventry Provident Dispensary. Other Medical Services were formed chiefly to counteract the Medical Aid Societies, the operations of which were assuming large proportions in many towns, until the decision of the Great Yarmouth case by the General Medical Council brought home to the medical officers of these Societies the danger which they ran of having their names removed from the Medical Register on account of the canvassing and advertising involved.

Constitution.

It is in accordance with the fundamental constitution of Public Medical Services that, though the administration may be placed in the hands of a Committee elected from among the active staff of the service, some form of control is always reserved to the general body of local practitioners, or some organized body representative of the local profession. For example, at Norwich one of the Rules of the Service is as follows:

"XXXI. No new law shall be adopted and no existing law shall be altered or rescinded except with the approval of the Norwich Division of the British Medical Association.

In some instances the Public Medical Service appears to have constituted itself as an Association, which enters into a contract with each patient. In other cases the form of constitution is rather that of a society which defines the regulations under which a number of medical practitioners have agreed to attend patients, the actual contract for attendance being between the individual practitioner and his patients. There is reason to believe that, from a legal point of view, the latter arrangement is much to be preferred to the former.

Admission of Beneficiaries: Economic Conditions.

The benefits of Public Medical Services are restricted to persons who are believed to be unable to pay the usual medical charges. A wage limit is provided in almost every case, with power to the Committee of Management to deal exceptionally with special cases. Upon comparison of the wage limit in Public Medical Services with that in Provident Dispensaries, it will be seen that the Public Medical Service is intended to provide for a section of the community at least as straitened in circumstances as those provided for by the Provident Dispensaries.

Admission: Sex and Age, and Health.

Persons of both sexes and all ages are usually admitted, and the condition of admission as regards health is usually that the applicant must be certified by the medical officer of the Service. In some cases provision is made for an extra fee being paid by persons who are not in good health at the time of admission, and in some cases an extra charge is made if treatment is required within one month after admission. The rates are usually the ordinary Contract Practice rates, namely, 1*d.* per week for adults, and half this amount for children. At Eastbourne, the rate is 2*d.* for adults and 1*d.* for children; at Coventry, 1*d.*, and at Southampton 1½*d.*, without respect to age.

Staff: Distribution of Work.

As a rule, membership of the staff of a Public Medical Service is open to every registered medical practitioner in the district, or, at least, to every practitioner who is a member of the specified local body representative of the Profession. For example, at Norwich it is open to every member of the Norwich Division of the British Medical Association, and at Hartlepool it is open to every member of the Hartlepool Medical Society. At Eastbourne, it is open to those who conform to certain regulations, and at Coventry, to medical men approved by two-thirds of the Committee of Management, provided that they have not commenced practice without an

introduction, or, otherwise, that they have been in practice in the city for at least twelve months.

Choice of Doctor.

Each patient is free to choose his own medical attendant, except that, at Norwich, the medical officer has the right to refuse to attend any individual patient.

Remuneration.

Usually the remuneration of the medical officers is provided by dividing among them periodically the net balance after payment of working expenses, the distribution being made in proportion to the number of members on the list of each officer.

Effect on the Medical Profession.

Upon comparison of the constitution of Public Medical Services with those of other forms of contract practice it will be seen that they are free from all the objections urged against the other forms.

PART IV.—REFORM.

CHAPTER 14.—THE EFFECTS OF CONTRACT PRACTICE.

THE object of the present chapter is to facilitate the consideration of the reforms required in Contract Medical Practice by taking a general survey of the effects of existing systems. These are to be regarded, first, in relation to the individual practitioners engaged in such practice; secondly, as affecting other practitioners and the profession generally; and, thirdly, in the results upon the medical service of the portion of the community which is concerned.

EFFECTS ON INDIVIDUAL PRACTITIONERS.

In the detailed examination of Contract Practice contained in Parts II and III of the Report attention has already been drawn to the following matters in respect of which such practice affects prejudicially the medical men who take part in it.

Remuneration Inadequate.

The remuneration is in the majority of cases inadequate to the services rendered. This is shown by comparison of the amount received per attendance with ordinary working-class fees in private practice—by the fact that the majority of respondents state that in their view the rates are inadequate (Appendix B)—and by the replies of the Divisions of the Association upon the proposition submitted by the Medico-Political Committee.

Some Rates Absolutely Unremunerative.

In some cases the rates are such as could only be justified on the supposition that those to be attended were unable to pay, even under an insurance system, the cost of medical attendance in ordinary working-class fees, and therefore that they were fitting recipients of charity from the profession.

At Most Correspond to Working class Fees.

In few cases, if any, are rates paid which yield more per attendance than working-class fees.

Wage-limit Provisions Non-existent or Ineffective.

On the other hand, in some kinds of Contract Practice, no provision is made for exclusion from the benefits of persons whose means are such that they ought not to be admitted; and where such provisions nominally exist, as in the case of many Provident Dispensaries, they are not properly enforced.

As a result, the beneficiaries in many cases include persons who can afford to pay even more than working-class fees.

Admission of Women and Children to Organizations from which they were Formerly Excluded.

In those forms of Contract Practice, specially the Friendly Societies, in which contracts were originally entered into by medical practitioners on the understanding that adult males only were included, the opportunity of obtaining family practice being, therefore, an inducement to accept appointment at a low rate, this collateral compensation is being destroyed by the inclusion of women and children.

Rates for Women and Children Specially Inadequate.

The women in such cases are often found to require more attendance than men, though only the same rate is paid; while for children the rates paid are often much lower than for adult males, though at least as much attendance is required.

Insufficient Provision for Special Services.

The remuneration in respect of services rendered is diminished in many cases by loose or onerous definitions of the

attendance to be provided at the ordinary rates, as a result of which the medical practitioner is required to discharge, without extra remuneration, duties for which special payment should be provided.

Unsatisfactory Systems of Tenure.

The conditions with respect to termination of contracts are often such as lead to injustice to the medical attendant.

Results of Non-Medical Management.

In those cases particularly in which organizations are managed by persons not directly concerned, or by committees often only partially representative of the beneficiaries, ignorance or indifference to the conditions of efficient medical service leads to other conditions besides those already named, which are oppressive to the medical attendants.

Not only Material Conditions Affected.

The effects on the medical practitioner engaged in Contract Practice of the conditions so far enumerated, relate for the most part to his material well-being. In considering, however, the broad question whether it is to the advantage of an individual practitioner to engage in Contract Practice, as at present conducted, other and more remote results must be considered, affecting his professional character and reputation, and his relationship to his professional brethren.

Effect on Character and Efficiency.

In the first place it is frequently contended, and respondents in the present inquiry have given emphatic expression to the opinion, that even on the most remunerative terms such practice induces in the medical practitioner habits of hasty and careless diagnosis, and of routine, perfunctory and ineffective treatment, and that these in time pervade all his practice; that he becomes professionally demoralised, and the status and reputation, both of himself and the medical profession, suffer in consequence.

The following quotation exemplifies this :

3230 I hold the system of contract medical practice to be demoralizing alike to practitioner and patient. The success of all medical treatment is based on an exchange of the best which each has to give, and my experience is that the world is slowly learning that human life is too sacred a matter to be bartered at the rate of 2s. 6d., or even 10s., per annum for attendance and medicine. All such practice, to my mind, favours a method of slipshod and inaccurate diagnosis—or a Micawber-like policy of waiting on something to turn up; moreover, the contract medical practitioner floods the general hospital with cases which he lacks the enthusiasm to follow up, or grudges the extra cost which such cases entail. I may say, in conclusion, that I have repeatedly refused tempting offers of such practice, and my private practice seems to have correspondingly increased by adopting such an attitude.
(Town: North England.)

In estimating the value of this extreme opinion, it is perhaps not unnecessary to point out that Contract Practice has to be compared, not with any ideal condition, but with the only existing alternative—namely, private practice as ordinarily conducted on the fee system, and that in this sphere also some of the evils above stated are not unknown. Moreover, the replies, given in Appendix C, of many respondents show an earnest conviction that contract practice is not merely necessary but desirable, and it must be admitted that throughout the country a considerable number of practitioners of high reputation are engaged in such practice, to the apparently complete satisfaction of their patients. This difference in experience suggests, at all events, that allowance must be made for differences of personal character and environment, and that possibly some of the injurious results which are suggested as being inherent in the principle of contract practice are in fact due to special features of organization and management.

When, however, every such allowance has been made, the impression finally produced by a careful study of the materials collected in the present inquiry must be, that the system of rendering medical services under contract is attended by grave dangers to the character and efficiency of the medical practitioner concerned.

Injury to Reputation.

Closely connected with the effects of Contract Practice on the professional character of the practitioner are the effects on his reputation among his patients and the public generally. It is somewhat remarkable that many respondents who mention these results appear not to have noted the relation

between them, namely, that the contract system first gives rise to hasty and inferior work, this deterioration in its turn injuring the practitioner's reputation. A kindred factor is the lowness of remuneration, which, in the opinion of many respondents, leads the club patient, perhaps with justice, to think cheaply of what is so cheaply bought. The competition between medical practitioners in certain districts for club appointments, and the unworthy efforts made in some instances to obtain these, have also contributed to lower the status of "club doctors" even among those who employ them.

The replies in Appendix C contain many examples of the underselling and canvassing which naturally lead club members and officials to consider that they are bestowing important patronage when appointing medical officers at rates of 2s. 6d. to 4s. a year.

The result of these various influences is the disrespectful treatment of which some respondents complain, but which they appear unable to avoid by resignation of their appointments.

INDUCEMENTS TO TAKE UP CONTRACT PRACTICE.

In view of the many objections to Contract Practice which have been stated, it is important to consider briefly what are the inducements which lead medical practitioners to engage in it. Those commonly stated are (a) the assurance of a certain definite income, as against those uncertainties of ordinary practice which arise from bad debts and the changing of patients from one practitioner to another; (b) that club appointments afford, particularly to a young man, an opportunity of becoming known, and thus lead to private practice; (c) the competition of those already engaged in Contract Practice which attracts private patients from those not so engaged, and thus compels them, they consider, to take it up in self-defence.

It is specially to be noted that, of these reasons, only that of the avoidance of bad debts remains valid when considering whether Contract Practice is advantageous not merely to individuals but to practitioners generally. The other reasons relate entirely to the competition between practitioners, and (c) disappears, even as affecting the individual, when there is a local agreement in the profession.

EFFECTS ON THE PROFESSION.

The question of the effect of Contract Practice on the relationships of medical practitioners engaged in it to their professional brethren is most conveniently considered as part of the general question of the effects of such practice upon the profession—effects which result directly from the special forms of competition which the contract system introduces.

Results of Differences in Organization.

In considering this matter, a factor of the first importance is that to which reference is made in Chapter III, in the commencement of the examination of Contract Practice as it exists, the factor, namely, of the relative development of organization of the profession, and of the non-medical parties to the contracts, respectively. Where the non-medical parties, particularly those possessing a certain degree of organization, as in the case of Friendly Societies and of those forms of Contract Practice which are under the control of committees, appoint only one or two medical officers, or any number which is small in comparison with the total number of practitioners in the district, the usual economic effects are seen of collective as against individual bargaining.

The Non-Medical Organization and the Individual Practitioner.

Individual practitioners are led to accept appointments by the inducements already mentioned—the assurance of a definite income, the prospect of extending private practice through the introduction afforded by the club, or the fear that if they do not take such appointments others will do so, and will thus draw away from them their private patients. In these circumstances the organization is able to enforce terms which are intrinsically unremunerative or otherwise onerous to the profession.

Underselling and Canvassing.

The results of this pressure as affecting the internal relations of the profession may be summarized under (a) underselling, (b) canvassing and advertising. It is unnecessary to dwell at length upon these evils, which are copiously illustrated in the statements contained in Appendix C. It is sufficient to point out that both are directly connected with the system under which appointments to contract practice organizations are held by individual practitioners, underselling

resulting from the competition for such appointments, and the effect of canvassing upon the profession being due to the identification of the medical officer with the organization which canvasses.

EFFECTS ON THE COMMUNITY.

The effects of Contract Practice on the quality of the medical service provided have to a great extent been already considered, and may therefore be very briefly summarized.

Inefficiency of Service.

In the first place, so far as the contract system has the inherent tendency, ascribed to it by some, to injure the professional capacity of the practitioners concerned, or so far as particular forms of organization of Contract Practice may have this effect, the community obviously suffers a direct loss which may not be compensated for by any pecuniary saving through lowness of rates.

Loss of Choice of Doctor.

Secondly, in the case of the employment of one or relatively few practitioners by an organization, the beneficiaries suffer through being deprived of the choice of medical attendant.

Results of Loss of Independence of Practitioner.

Thirdly, those organizations which are conducted in ways that are injurious to the independence and self-respect of the medical attendant naturally tend to find in their service chiefly those who are deficient in these qualities, and if others enter they abandon the service at the first opportunity. Therefore, the beneficiaries suffer from inferiority or frequent change in their medical attendants. This particularly applies to those organizations which are established in direct opposition to the general opinion of the profession.

The realization of these truths by those of the public who are concerned may become a factor in favour of reform, and there is reason for believing that such an awakening is already taking place.

CHAPTER 15.—THE REFORMS INDICATED.

UGHT CONTRACT PRACTICE TO BE ABOLISHED?

UPON the threshold of the consideration of the reforms required in Contract Practice there is presented for attention the opinion which is strongly held by many who have carefully studied the subject, namely, that Contract Medical Practice is fundamentally wrong in principle; that its effects—however and by whomsoever it is managed, whatever classes are included, and whatever remuneration the medical practitioner receives—are essentially bad as regards both the medical attendant and his patients; and that, therefore, no reform, short of the entire abolition of the system, can be of real and lasting benefit either to the medical profession or the community.

Such views rest principally upon such observations of the results of the contract system as have been mentioned in the previous chapter with respect to its effects upon the character and reputation of the practitioners concerned. Even though the observations in question be partial, and the conclusions which it is sought to base upon them extreme, there can be no doubt from the results of the present inquiry that contract medical practice is fraught with difficulties and dangers for the profession and the community, which call either for the abolition of the system or for the provision of safeguards against its admitted evils. The decision between these alternatives must be determined by considerations as to the practical necessity of the system.

If contract practice is held to be necessary, that is to say, to correspond to requirements of the community so important as to outweigh the risk of the dangers referred to, it becomes the duty of the medical profession to devise and apply such reforms in the administration and conditions of contract practice as shall, so far as practicable, obviate those dangers.

If, on the other hand, the needs of the community can be met without contract medical practice, the question of reform becomes greatly simplified.

Necessity of Contract Practice.

In Chapter IV of the Report reasons are stated which confirm the opinion arrived at by the Committee in its Interim Report, namely, that in certain districts under existing conditions certain classes of the community require some provision whereby they may insure by small premiums against the cost of medical attendance. The considerations

which lead to this conclusion can hardly be set aside, even by the most strenuous opponents of the contract practice system.

Meaning of "Abolition."

It has, however, been pointed out in the same chapter that the necessity may be admitted of some organization for enabling certain sections of the community to provide medical attendance through insurance by weekly premiums, without implying that medical practitioners should themselves enter into contracts to provide attendance on these terms.

If the conclusion above stated as to the necessity of such insurance in certain cases be admitted, the consideration of the "abolition of contract practice" is resolved into an examination of the practicability of effecting the suggested severance of these insurances from any corresponding system of contract by medical practitioners to attend. The replies quoted in Appendix C show that a large number of respondents believe this to be practicable, and that in this way, in their view, the recognized needs of the public may be met, while the medical profession and their patients will be delivered from all the evils of the contract practice system.

ALTERNATIVE SYSTEMS OF REFORM.

Thus proposals for the reform of Contract Practice may be said to fall under two principal heads: (a) That insurance of patients against the cost of medical attendance shall be so provided that individual medical practitioners do not require to undertake the insurance; (b) that contracts by medical practitioners shall be continued with such safeguards as the profession may devise against acknowledged abuses.

NON-MEDICAL INSURANCE.

As regards proposal (a), certain existing organizations base upon this principle their system of provision of medical attendance, the National Deposit Friendly Society being well known; but as the replies of respondents indicate that, while strongly approving the principle, they do not approve this particular application, it is on the whole convenient to commence by an abstract consideration of the general idea.

Third Party Required to Manage the Insurance.

Inasmuch as the payments of the beneficiaries are not to be received in the same form by the medical attendant, clearly there is need for the intervention of some third party, who shall, on the one hand, receive the contributions of the beneficiaries, and, on the other hand, pay the fees for medical attendance in accordance with whatever rules may be agreed upon.

Checks against Unnecessary Attendance.

One of the most important matters requiring provision in the rules is a safeguard against unnecessary medical attendance. The beneficiary not being required to pay the bill may, as in ordinary Contract Practice, demand attendance in excess of the requirements of his case, and some check against this tendency must clearly be provided.

In the National Deposit Friendly Society this check is provided by the deposit system. All contributions are divided into two portions, of which part is paid into the insurance funds of the Society and part into a deposit account standing in the name of the member. When the member becomes entitled to benefits, these are paid partly out of the insurance fund and partly out of the deposit account, and when the deposit account is exhausted benefits can no longer be claimed.

Definition of Fees Payable.

It is clear, also, that some definition must be provided by those who administer such funds, as to the scale of fees upon which the allowances made to insurers in respect of medical attendance will be based.

No Contract with the Practitioner Required.

It does not follow, however, that the medical practitioner shall be paid by his patient upon the same scale, and still less is it necessary for such an organization to enter itself into contracts with members of the medical profession. The essence of the contract entered into by the insuring body is that the insurer shall receive certain payments in respect of the happening of a certain contingency, namely the requirement of medical attendance, and the work of the organization, so far as medical attendance is concerned, is completed when this obligation has been duly discharged.

In Practice Contracts Virtually Made.

If this principle were consistently carried out, such a system would result in the entire abolition of contract

medical practice, in the sense of obligations by medical practitioners to non-medical organizations; but experience shows that in actual operation medical practitioners are drawn into arrangements having the effect of contracts, and leading to some of the familiar difficulties of contract practice—namely, the discrimination between medical practitioners by non-medical organizations, and the consequent imposition of unsatisfactory conditions of practice.

Proposed Organization by the Profession.

To avoid this result suggestions have been made that such a fund might be administered by the medical profession through some local or national organized body, but others doubt the practicability of the organization and management of any extensive scheme of insurance of this character under direct medical control. In any district in which the conditions exist which make a public medical service practicable it might be possible to adjust the remuneration of the medical officers of the service upon the principle of payment for work done, but for the purpose of the present report it is sufficient to say that no scheme of the kind is known to be in actual operation.

All existing schemes are under non-medical control and management, and the only one of which definite rules have been furnished by respondents is that of the National Deposit Friendly Society.

NATIONAL DEPOSIT FRIENDLY SOCIETY.

Objects.—Arrangements with Medical Officers.

This Society provides various benefits, including medical attendance. Though the Society's rules at one time referred to "medical officers," these Rules have been altered, and any member is free to employ any medical practitioner.

Theoretical Freedom of the Practitioner as to Fees.

Theoretically, the medical practitioner is not under any contract with the Society; he may charge to each patient the fees which he considers suitable to the case, the patient recovering from the Society the allowance due to him under the rules; and this condition of matters obtains in many districts, chiefly however those in which the profession has refused to enter into any direct relation with the Society, or to recognize it as intervening between them and their patients.

In Practice, Attempts to Impose the Society's Scale.

In other districts, on the other hand, medical practitioners have been asked by agents of the Society if they will consent to attend members at the rates specified in the rules, and the wording of the rule, "charges authorized to be made by medical practitioners" (instead of "charges allowed to members in respect of medical attendance"), indicates the tendency to constrain medical practitioners to restrict their charges to those prescribed by the rules of the Society.

Fees Unsatisfactory, and no Wage Limit.

The schedule of fees laid down in the rules is unsatisfactory in construction, and difficulties also arise owing to the absence of any wage limit.

It has been suggested that the rule of the Society, whereby members who contract for greater benefits are allowed medical fees on a higher scale, prevents injustice under this head, but as there is no obligation on members of good pecuniary position to insure on the scale suitable to their means, this provision is also inadequate for the purpose. Moreover, in districts where the profession is not united, individual practitioners may be induced to undertake the work of the Society's members on unsatisfactory conditions, for the same reasons which bring this about in ordinary contract practice.

The Objection to the Society.

Those who object to the Society do so on the grounds concisely stated in the following opinion:

"I have been searching for information as to the National Deposit Friendly Society. I cannot help thinking that under its present rules it does not deserve the support of the profession, and that it introduces principles which are bad.

I doubt if in the long run it is well for either party that any one should intervene between doctor and patient, but the encouragement of thrift and insurance against illness are most desirable, provided that such intervention does not occur.

Dangers to be Avoided.

It would appear, therefore, that though certain principles adopted by this Society suggest a means whereby Contract

Practice might be abolished, in its present working it presents the features of an organization under non-medical control taking advantage in some districts of the want of union among medical practitioners to impose unsatisfactory conditions upon them. The Medico-Political Committee had already occasion to deal with this subject in a special report on the National Deposit Friendly Society, and the principles then formulated may be applied to all organizations of this type, namely, that practitioners should not contract to attend at the rates laid down by non-medical organizations of this kind, and should not allow themselves to be discriminated from other practitioners as specially acting for such societies.

NON-MEDICAL INSURANCE

Not at Present a Generally Applicable Substitute for Contract Practice.

While the system just examined apparently offers the advantages, which some respondents have emphasized, of a non-medical provision for the working man's need of insurance against the cost of medical attendance, and of remuneration of the medical attendant according to work actually done, the prospect must be regarded as remote of such a system (duly safeguarded against the abuses to which attention has been drawn) replacing throughout the country the widely-prevalent contract system.

(b) REFORM OF ORDINARY CONTRACT PRACTICE.

For the discussion of practicable reform, therefore, it must be assumed that in some districts at least it will continue for the present to be practically necessary that medical practitioners should contract to render medical attendance for periodic payments (or at fixed salaries), and the object must be to devise remedies for the recognized evils of the various methods by which such provision is at present made.

General Causes of Abuses and Reforms Thereby Indicated.

A careful examination of the evils of contract practice as summarized in Chapter 14 suggests that though special action may be suitable for the remedying of some special abuses, certain general causes underlie the difficulties of the profession in this matter, and the statement of these will indicate the main lines upon which reform must proceed. The most important of these is the one to which allusion has repeatedly been made, namely, the power of the organized non-medical bodies in contracting with the individual medical practitioner, and if the predominating influence of this condition be admitted, it is evident that the foundation of reform must be an effort to place the profession on an equality with the non-medical body as regards organization.

Distribution of Work Among All Practitioners.

One important step in this direction is the adoption of the principle of distribution of Contract Work among all practitioners of a district, the effects of which are explained in Chapter 3, pp. 5 and 6.

This change alone will, in the opinion of many respondents, lead to the abatement or removal of several of the evils at present associated with Contract Medical Practice, which arise from the connexion of individual practitioners with individual contract practice organizations.

Uniformity of Conditions and Hence no Underselling.

Such distribution of work must obviously be attended by uniformity in the rate paid to each practitioner, and in the conditions under which the work is undertaken. In other words, underselling in connexion with contract appointments is at once removed, together with the competition for appointments which has had such injurious results.

Abolition of Canvassing on Behalf of Practitioners.

Again, the individual practitioner, being no longer identified with any particular organization, is not implicated in any canvassing or advertising, which the organization may desire to carry on for the furtherance of its other legitimate objects, apart from the provision of medical attendance.

Improves Other Conditions Indirectly.

The adoption of the principle will not directly affect the actual rate of remuneration or other conditions of appointment, beyond making them uniform as regards all practitioners concerned, but the fact that distinctions between individual practitioners are thus made impracticable, in itself removes the main causes which have prevented improvement in these matters.

An important effect of throwing open contract practice to all practitioners, and affording each patient a choice of doctors,

is the increased independence of the practitioner and improvement of his relations with his patients, inasmuch as they are no longer compelled to employ him, when not retaining their confidence.

Local Agreement.

Such an arrangement will usually be followed, if it has not been preceded by, some local agreement among the profession as to terms and conditions of contract practice generally, and agreements of this kind are essential, as a rule, for success in reform. The consideration, however, of the mode of affecting such agreements belongs rather to the next chapter of the Report.

Brief mention remains to be made of the special remedies which have been proposed for certain special difficulties.

Reforms Directly Affecting Remuneration.

In addition to the proposal that medical practitioners should be paid by fee instead of by premium, which has already been discussed, and proposals as to simple increase of remuneration, which will be separately considered, two sets of suggestions call for mention, each directed to improving the actual yield to the practitioner by preventing unnecessary work. The first is that a small charge should be made for medicines; the second that a separate charge should be made (a) for the first attendance in any year, or (b) for night visits and visits required out of ordinary hours, or (c) (small charges) for every attendance.

Increase of Remuneration.

Many respondents appear to hold the view that almost all the disadvantages of Contract Practice can be expressed in terms of remuneration, and can be removed by raising this to a suitable amount; 393 practitioners have stated the rates (for individual clubs) which they consider necessary, and these may be summarized as follows:

4s. or below	...	...	...	31
5s.	...	...	...	145
4s. to 6s.	...	...	...	52
6s.	...	...	...	78
8s.	...	...	...	22
10s.	...	...	...	23
Other amounts between 5s. and 10s.	...	...	...	29
12s.	...	...	...	5
Over 12s.	...	...	...	3

Number of practitioners who are satisfied with the rates they receive at present ... 165

Number of those who consider that the rates paid by clubs in the neighbourhood are too low ... 43

Rates a Local Question.

In view of the disparity of opinions as to rates, and of the special local considerations by which the suitability of a given rate must be determined, the exact amount would appear to be essentially a question for local decision by the profession.

Beneficiaries: Economic Position.

The remedies proposed in this matter are discussed in Chapter IV, under the head of wage limits. Such provisions exist in some forms of Contract Practice, and in these the only reform required is to enforce the existing rules; in other words, it is not a question of devising but of applying the remedy.

The greatest difficulty in this matter arises in connexion with the Friendly Societies, through the fact that they exist for other objects besides the provision of medical benefits. As has been pointed out, however, the difficulty is already solved in some cases by the provision that subscription by members for medical attendance shall be optional, and no reason is apparent to forbid the extension of this principle to all Friendly Societies, except the present unwillingness of the Societies.

It is believed by some that a general power vested in the medical officer of refusing to admit to his contract persons whom he may deem unsuitable as regards financial position is preferable to a prescribed wage limit. This, however, would appear to be a matter purely for local determination by the profession.

Beneficiaries: Sex and Age.

Though some respondents object to the inclusion of women and children, especially in Friendly Societies, the general opinion would appear to be that the question is largely one of

remuneration, and therefore suitable for local decision on the grounds above stated.

Forms of Contract and Definitions of Duties.

Many of the difficulties experienced by medical practitioners in these matters would appear, so far as the replies in this inquiry afford an indication, to be due, in part at least, to omissions or negligence by themselves; and the remedy—for some at least of the disadvantages from which those engaged in contract practice suffer in this connexion—lies in their own hands, namely, by insisting upon greater precision in their contracts.

In those matters as to which disputes have arisen, specially the requirements as to certificates, and the attempt to include under ordinary attendance various special services, it would appear that local agreement in the profession is usually capable of effecting a satisfactory adjustment, since the contract organizations will not usually consider these matters of sufficient importance to merit a conflict with the united profession.

CHAPTER 16.—ORGANIZATION FOR REFORM.

1. PAST ACTION.

THE replies of respondents include accounts of various efforts which have been made for the reform of contract practice, either by individual action, by the informal co-operation of a few practitioners, or by organized local medical societies.

Individual Action.

Where individual practitioners have succeeded in effecting reforms, it will be found to have been due to special conditions of character or circumstances which enabled them to take up a strong position. Some instances will be found in the concluding section of Appendix C relative to the wage limit.

Concerted Action apart from Societies.

The accounts of local action contained in the replies do not afford, as a rule, very cheerful reading. The composite picture left in the mind after considering a number of them is somewhat as follows:

The medical men in a district united and asked the clubs for a uniform rate of 4s. per member; but with one or two exceptions the clubs refused to pay more than 2s. 6d. The clubs thereupon advertised, and had no difficulty in importing a practitioner to continue the work at the old rate or even less. Sometimes the practitioner who has accepted the appointment at the lower rate has been a local man, and in some cases even one of those who had at first taken part in the movement for reform.

There are exceptions where the whole body of practitioners has stood firm and obtained the required concessions, and in one or two instances the imported practitioner after seeing the state of the case has retired. Some practitioners attribute the success of their efforts to the fact that they had been conciliatory and temperate in their attitude towards the clubs and had expressed their requirements not as demands but as requests made in a friendly spirit. (The replies 2306, 2409, 2438, 2492, 2719, 2871, 2929, 2974, 3095, and 3526 in Appendix C afford illustrations.)

In cases where after a dispute the clubs have obtained an apparent advantage and have imported a man on their own terms, respondents sometimes allege that their position has nevertheless improved, and that their loss of club appointments has been fully compensated by a gain in private practice. (An example is given in reply 2633 in Appendix C.)

Action through Societies.

In Appendix E is contained an account of action taken in various parts of the country through local societies. Other familiar cases of such action have been at Cork, Eastbourne, Folkestone, Hartlepool, Kidderminster, Rotherham, and Southampton, in several of which towns successful local medical societies have been formed with the primary object of abating the evils of special forms of Contract Practice, as of Medical Aid Societies in Eastbourne, Folkestone, and several other places, of Friendly Societies, as at Cork, or of Dividing Societies, as at Southampton.

On comparing the records of such action, a similarity of principle is observed, with local diversities of method.

Such organizations usually begin with some kind of pledge or agreement among the local practitioners. The advantages of definite organization being appreciated, a Society is formed and the agreement is translated into a rule of the Society.

The organizations which such societies have endeavoured to reform have been of every kind organized under non-medical control, including Friendly Societies, Works Clubs, Medical Aid Societies, and Provident Dispensaries. Of these, Medical Aid Societies of the canvassing type have been attacked by formation of Public Medical Services, and the difficulties of the societies in getting medical officers in view of the condemnation of canvassing by the General Medical Council has assisted materially to check the abuse.

The action of the Northumberland Medical Association, Durham Medical Union, Midland Medical Union, and certain local societies in South Wales has been successful in increasing by 50 per cent. the general remuneration in colliery appointments. The work of the two Societies first mentioned has now been taken over by the North of England Branch of the Association.

Friendly Societies and Provident Dispensaries have up to the present proved on the whole less amenable to reform, though as regards the former attempts at increasing the remuneration have often been successful.

When local Medical Societies have failed to achieve their objects, two causes appear to have operated: (1) particularly in large centres, the difficulty of obtaining complete local union; (2) the difficulty of preventing the importation of practitioners from outside the area, to accept appointments which local practitioners have vacated.

In the opinion of some, these difficulties in the past have been due to the want of authority of the purely local society, and some of the reports in Appendix E indicate that, in the opinion of some of those who have been most actively connected with the work of such societies, the Divisions of the British Medical Association will, by virtue of their affiliation to that body, be able to carry on the work of reform of Contract Practice with much greater prospects of success than the purely local societies could do.

2. PROPOSALS FOR FUTURE ACTION.

In Appendix C will be found several suggestions as to organization for future reform. Among these are proposals for legislation, which can hardly be considered within practical range, and proposals for action through the General Medical Council.

The General Medical Council.

The latter suggestions show that some respondents do not appreciate the position of the General Medical Council as a body constituted by Acts of Parliament for definite purposes defined in the Acts; that its disciplinary powers have to be exercised in accordance with this position; that it has no power to lay down general laws of conduct, but can only decide on the merits of actual cases; that as regards contract practice the Council has always confined its interference to cases of canvassing and advertising; and that, in the opinion of many who have given attention to the matter, the Council might be deemed by Parliament to have outstepped its province if it dealt with cases, say, of underselling in connexion with contract practice.

Action through Voluntary Organizations: Local and Central.

The methods of reform of Contract Practice (apart from the prevention of canvassing and advertising) which are open to the profession would appear, therefore, to be confined to action by the voluntary organizations of the profession, locally and centrally. The examination of the reforms necessary has indicated that as regards many of them action must be primarily local, the foundation being local union of the profession, and this being best obtained through some organized society. On the other hand, the considerations derived from the records of local action indicate the importance of central support, such as the British Medical Association can give to its Divisions.

Advantages of Action through the Divisions.

It is convenient to state here briefly certain advantages which the Divisions possess in dealing with matters of this kind.

It must first be noted that Divisions are constituted to act as local medical societies, and their constitution can be adapted in various ways to meet the special requirements of each district.

Adoption of Local Agreements.

The basis of action for the reform of Contract Practice by the profession has been shown to be local agreement, and the Divisions can bring about such agreement in the following ways:

1. By endeavouring to bring into their membership all local practitioners;

2. By adopting rules and resolutions having the effect of agreements; and
3. By the influence which through their agreement among themselves they are able to exercise even upon those members of the profession who are not members of the British Medical Association.

Rules and Resolutions.

With respect to the adoption of Rules and Resolutions by Divisions for the purpose of giving effect to local agreements attention may be drawn to the information contained in the Report by the Ethical Committee of the Association which constitutes Appendix G to the Report.

It will be seen that the policy of the Central Council has been to recommend Divisions to confine their Rules (which under the regulations of the Association must be definitely approved by the Central Council) to provisions of a very general kind, particularly such provisions as may make resolutions of the Division passed under certain conditions binding upon the members, and may prescribe conditions requisite to make such resolutions binding.

Details of local agreements as to rates and other matters are, in the opinion of the Council, more suitable for incorporation in resolutions which do not require submission to the Council, but may yet be binding if adopted in conformity with the Rules of the Division.

Advantage through Affiliation to the Association.

By the regulations of the Association (a) every member of the Association is a member of the Division and Branch in which he resides, and (b) while a member of the Division is bound by its rules, and resolutions binding under the rules. Hence if a member of the Association takes up his residence within the area of a Division, he at once becomes bound by the rules of that Division.

Definite recommendations as to procedure for the reform of Contract Practice are contained in the next chapter.

PART V.

CHAPTER 17.—CONCLUSIONS AND RECOMMENDATIONS.

CONCLUSIONS.

In the opinion of the Medico-Political Committee, the following are the main conclusions established by the facts elicited in the inquiry:

1. There are districts in which it appears to be necessary, under present conditions, that certain classes of the community should be enabled to provide for the cost of medical attendance and expenses directly related thereto by some system of small periodic payments.
2. In the systems whereby such provision is at present being made, two principal methods of remuneration of the medical attendant may be distinguished, and these differ in some respects in their effects upon the medical profession. These are:

- (a) The medical practitioner, in consideration of contracting to give such medical services as may be required by any or all of certain specified individuals, receives all or a specified part of the periodic payments made by or in respect of those individuals.
- (b) The medical practitioner, in consideration of medical services actually rendered, is paid fees according to a specified schedule or scale out of a fund created by the periodic payments of those concerned.

The system (a) has been long established and is widely prevalent; (b) is recent and exceptional.

3. Under the first system, where a definite organization exists, the administration is usually under non-medical control.

4. Under the first system the rate of remuneration of the medical officer is, in the majority of cases, inadequate, even when measured by current rates of fees in working-class practice.

5. Under the first system the relation of the medical attendant to his patient tends to become unsatisfactory.

6. Under the second system the administration of the insurance is in all existing cases in the hands of non-medical organizations.

7. Under the second system the governing bodies fix scales of allowances for medical attendance, and these, though intended to be partial or minimal, are apt to become the maximal remuneration received by the profession.

8. Under both systems there is a tendency to admit persons

who are able to pay for medical attendance by fees, and thus to violate the fundamental understanding upon which the medical profession have entered into such contracts.

9. Under both systems there is a tendency for the medical attendant to be brought into unsatisfactory relations with other members of the profession.

10. The cause of the above evils is the advantage which non-medical organizations are able to take of the competition between individual medical practitioners.

11. Where separate appointments or private clubs are held by individual medical practitioners, the competition is accentuated, and the power of non-medical organizations to impose unsatisfactory conditions upon the medical profession increased.

12. Conversely, where participation in contract practice has been thrown open to all medical practitioners in a district, the position of the profession as a whole has been improved.

13. Other measures which have improved the position of the profession in certain districts are the following:

Representation of the medical profession in the management,

The adoption of wage limits or equivalent provisions, Definition of special services and provision for payment therefor, and

Increase of remuneration for ordinary attendance.

14. Those reforms which have been obtained have been effected by co-operation among members of the medical profession locally and generally.

15. Such co-operation, except in self-contained districts in which there are few practitioners, has been brought about through the agency of organized local bodies representative of the profession.

16. Where the efforts of such local societies have failed to obtain the reforms attempted, such failure has been largely due to the want of their organic relation with an organized body representative of the profession throughout the country.

17. There is evidence that since the reorganization of the British Medical Association this difficulty has already, in some instances, been overcome by the action of the Divisions as local medical societies organically connected with a national organization of the profession.

RECOMMENDATIONS.

1. That the conditions upon which the medical practitioners in any district undertake contract practice should be prescribed by arrangement among themselves.

2. That the control of the profession over the conditions of contract practice can only be effectually exercised under the conditions of a Public Medical Service, namely:

(a) That the general control be in the hands of some organized local body representative of the profession, such as a Division of the British Medical Association.

(b) That it be open to every practitioner in the district to take part in the work, should he desire to do so, and conform to the regulations of the profession.

(c) That the details of administration be under the direct control of a purely medical committee representing

both those who do and those who do not take part in contract work.

3. That whenever, in the opinion of the local medical profession, the immediate institution of a Public Medical Service is for any reason impracticable, the three main principles above stated should be carried into effect as far as possible. That is to say:

(a) That, with regard to the conditions upon which they will accept contract practice, the medical practitioners of each district should collectively and individually enter into an agreement, in which the following matters are specifically prescribed:

(i) Rates of remuneration.

(ii) Conditions of admission to attendance under contracts, including provisions with respect to the economic position, age, and health of candidates.

(iii) Definitions of the services to be rendered under the contract.

(iv) Where appointments are made by non-medical bodies—the forms of contract, tenure of office, and representation of the medical profession in the management of the medical service.

(b) That practitioners should cease to hold separate appointments or to carry on private clubs, and the principle of distribution of contract practice among all practitioners in the district who desire to participate should be carried into effect.

(c) That organized forms of contract practice at present under the control of non-medical committees should gradually be brought under direct medical control.

4. That agreements among local members of the profession with respect to contract practice should be effected through the agency of organized local bodies representative of the profession, the rules of which should make the agreements binding upon the members.

5. That the professional organizations referred to should in each case be a Division of the British Medical Association.

6. That to render professional co-operation as complete as possible the Divisions should endeavour to secure the inclusion of every practitioner in their membership, and should make their decisions binding by adopting rules such as have been suggested by the Ethical Committee. (See Appendix G.)

7. That the Divisions be urged to establish a Public Medical Service in every area in which Contract Practice is believed by them to be necessary.

Preparation of the Report.

The Medico-Political Committee in concluding this report desire specially to acknowledge the valuable services of the Medical Secretary, Mr. J. Smith Whitaker, in the preparation of the text, and of Dr. Leonard Youatt in making the careful analyses on which it is based.

R. C. BUIST,

Chairman of the Medico Political Committee.

SPECIAL REPORT ON PROVIDENT DISPENSARIES.

(A) FUNDAMENTAL PRINCIPLES AFFECTING THE RELATION OF
SUCH DISPENSARIES TO THE MEDICAL PROFESSION.(1) *Object of Provident Dispensaries.*

The recognized object of Provident Dispensaries is to enable certain sections of the community to make provision for part or all of the cost of medical attendance upon themselves and their families by a system of weekly or monthly payments.

(2) *Benefits Included.*

The medical benefits of Provident Dispensaries may include medical attendance at any surgery provided by the Dispensary or by the medical officer, attendance at the patients' homes when necessary, supply of medicines, and medical and surgical appliances, as defined by the local rules.

(3) *Persons Suitable for Admission.*

The medical benefits of Provident Dispensaries should be confined to those whose means are such that they are unable to pay the full cost of ordinary medical attendance.

(4) *Staff.*

Inasmuch as the system of Provident Dispensaries is a form of Contract Practice, it should be a fundamental principle of their constitution that every medical practitioner in the district for which the Dispensary provides, who wishes so to act, should be a medical officer of the Dispensary, provided that he conforms to the rules thereof.

(5) *Local Medical Control.*

(A) The local practitioners should in all cases prescribe the conditions upon which they will render services through the Provident Dispensary, as regards:

- (i) Representation of the Profession in the management;
- (ii) Definition, by wage limit or otherwise, of the class to be admitted;
- (iii) The amount to be paid by each member to the medical officer attending him, as determined by—
 - (a) The contributions of members to the funds; and
 - (b) The proportion of such contributions paid to the medical staff;
- (iv) The system of the distribution of the work among members of the Profession;
- (v) The [scope of the] duties of the Medical Staff.

(B) Inasmuch as the constitution and management of Provident Dispensaries are a matter of concern not only to the medical staffs of such institutions but to the general body of the Profession in the district, the Profession as a whole in each district has a right to be consulted, and this should be done through organized local bodies, such as the Divisions of the British Medical Association.

(B) SCHEME OF RULES OF PROVIDENT DISPENSARIES SUGGESTED
FOR ADOPTION BY DIVISIONS OF THE ASSOCIATION, OR BY
OTHER ORGANIZED LOCAL BODIES REPRESENTATIVE OF THE
MEDICAL PROFESSION.(1) *Admission of Provident Members—Ordinary.*

(a) That provision be made in the Rules, by wage limit or otherwise, for the admission to the benefits of the Dispensary of such persons only as are suitable, in respect of means, for admission.

(b) That if such provision be by wage limit, provision be made for suitable modification in respect of number in a family, and other special circumstances of individual cases.

(2) *Admission of Provident Members—Friendly Societies.*

That members of Friendly Societies be admitted under the same Rules as other members.

(3) *Subscriptions to the Funds from other than Beneficiaries.*

That, where local circumstances render it desirable, provision may be made for subscription to the Funds by persons who do not share the benefits.

(4) *Committee of Management.*

That the Committee of Management, upon which the members of the medical profession should be a clear majority, should include:

- (a) Representatives—
 - (i) elected annually by and from the medical staff,
 - (ii) of the local medical profession elected by some organized body, such as a Division of the British Medical Association, and
 - (iii) of the managing body of any allied hospital.
- (b) Representatives annually elected by and from the provident members.
- (c) Representatives annually elected by subscribers who do not participate in the benefits.
- (d) The honorary secretary, treasurer, and other officers elected in such manner as the Rules of the Dispensary may prescribe.

(5) *Medical Staff: Appointment.*

That all registered medical practitioners resident within the area of operation of a Provident Dispensary shall be eligible for appointment to the staff in accordance with Clause (6) of the Fundamental Principles.

(6) *Medical Staff: Distribution of Work.*

That it be open to each Provident member to select the member of the staff by whom he or she desires to be attended, provided—

- (a) That a change of medical attendant shall take place only at such fixed periods, or upon such conditions, as may be prescribed by Rules approved by the staff.
- (b) That it shall be open to each medical officer to limit the number of members of the Dispensary whom he will consent to attend, or to decline to attend any individual member.

(7) *Duties of Medical Staff.*

That the duties of the medical staff in respect of attendance on the Provident members be defined in the Rules of the Dispensary.

(8) *Payments of Provident Members.*

That the payments of Provident members, including special payments, if any, for cards, medicines, fines, or other matters, be fixed by the Rules of the Dispensary.

(9) *Contributions—Special Services.*

(a) That obstetric services be paid for separately and in advance in all cases, in accordance with provisions defined in the Rules.

(b) That such provision as local circumstances render necessary be made with respect to other special services.

(10) *Division of Payments among Medical Officers.*

That the entire surplus of the payments of the Provident members, after payment of necessary working expenses, including drugs and dispensing—if the Dispensary supplies medicines—shall be divided periodically among the medical staff, in proportion to the number of members on their respective lists.

(11) *Capital Charges.*

That no payment be made from Provident members' ordinary contributions in respect of buildings or other capital charges of a like nature.

(12) Canvassing and Advertising.

That the Rules should contain provisions against personal canvassing for members and against advertising of individual medical practitioners.

(13) Collections of Payments.

All payments of Provident members shall be made at an office provided for the purpose, and visiting collectors shall not be employed.

(14) Relation of Provident Dispensaries to one another.

(a) That the area in which each Provident Dispensary operates shall be defined.

(b) That provision be made for transference of members from one Provident Dispensary to another.

(15) Approval of Rules of Dispensaries by Medical Staff.

That the Rules defining the conditions of service of the medical staff be not altered, except with the approval of a

two-thirds majority in a meeting of the medical staff, after fourteen days' notice of the proposed alteration shall have been given to every member thereof.

(16) Approval of Rules by Local Medical Profession.

That the Rules affecting—

- (a) The amount of payments of Provident members (other than those, if any, for capital charges);
- (b) The eligibility of medical practitioners for appointment to the staff;
- (c) The conditions of dismissal of members of the staff;
- (d) The definition of persons entitled to become Provident members; and
- (e) The representation of the medical staff and medical profession in the management,

be not altered except with the approval of some organized body locally representative of the profession, such as a Division of the British Medical Association.

SPECIAL REPORT ON PUBLIC MEDICAL SERVICES.

RECOMMENDATIONS OF THE MEDICO-POLITICAL COMMITTEE.

A) FUNDAMENTAL PRINCIPLES AFFECTING THE RELATION
OF SUCH SERVICES TO THE MEDICAL PROFESSION.(1) *Object of Public Medical Services.*

The recognized object of Public Medical Services is to enable certain sections of the community to make provision by a system of weekly or monthly payments for part or all of the cost of medical attendance upon themselves and their families by means of an organization under the sole control of the medical profession.

(2) *Benefits Included.*

The medical benefits of Public Medical Services may include medical attendance at any surgery provided for the Service or by the medical officer, attendance at the patients' homes when necessary, supply of medicines, and medical and surgical appliances, as defined by the local rules.

(3) *Persons Suitable for Admission.*

The medical benefits of each Public Medical Service should be confined to those who are deemed suitable by the local profession for admission.

(4) *Staff.*

It should be a fundamental principle of the constitution that every medical practitioner in the district for which the Service provides, who wishes so to act, should be a medical officer of the Service, provided that he conforms to the rules thereof, and provided that, if not introduced as the successor or partner of a practitioner in the district, he shall have been resident at least six months in the district.

Inasmuch as the constitution and management of Public Medical Services are a matter of concern not only to the active staffs of such institutions, but to the general body of the Profession in the district, the Rules should be made subject to the approval of some organized local body representative of the profession, such as a Division of the British Medical Association.

(B) SCHEME OF RULES OF PUBLIC MEDICAL SERVICES SUG-
GESTED FOR ADOPTION BY DIVISIONS OF THE ASSO-
CIATION, OR BY OTHER ORGANIZED LOCAL BODIES
REPRESENTATIVE OF THE MEDICAL PROFESSION.(1) *Admission to Benefits—Ordinary.*

(a) That provision be made in the rules, by wage limit or otherwise, for the admission to the benefits of the Service of such persons only as are suitable, in respect of means, for admission.

(b) That, if such provision be by wage limit, provision be made for suitable modification in respect of number in a family, and other special circumstances of individual cases.

(c) That members of Friendly Societies be admitted under the same rules as other members.

(2) *Management.*

That the Committee of Management should include:—

(a) Representatives elected annually by and from the Medical Staff.

(b) Representatives of the local medical profession elected annually by some organized local body, such as a Division of the British Medical Association.

(c) Medical Representatives of local allied hospitals.

(3) *Medical Staff: Appointment.*

That all registered medical practitioners resident within

the area of operation of the Service shall be eligible for appointment to the staff in accordance with Clause (5) of the Fundamental Principles.

(4) *Medical Staff: Distribution of Work.*

That it be open, to each patient entitled to benefit, to select the member of the staff by whom he or she desires to be attended, provided:

(a) That change of Medical Attendant shall take place only at such fixed periods, or upon such conditions, as may be prescribed by Rules approved by the staff.

(b) That it shall be open to each Medical Officer to limit the number of patients of the Service whom he will consent to attend or to decline to attend any individual patient.

(5) *Duties of Medical Staff.*

That the duties of the staff in respect of medical attendance be defined in the Rules of the Service.

(6) *Payments of Patients.*

(a) That the payments of patients, including special payments, if any, for cards, medicines, fines, or other matters, be fixed by the Rules of the Service.

(b) That no lower rate be charged for children than for adults, subject to a special provision for families above a certain number.

(c) That patients admitted when over 50 years of age be subject to an extra charge.

(7) *Payments—Special Services.*

That such provisions as local circumstances render necessary be made with respect to payment for midwifery, and other special services.

(8) *Payments—(a) Distribution among Medical Officers.*

That the entire surplus of the payments of patients after payment of necessary working expenses, if the Service supplies medicines, shall be divided periodically among the Medical Staff, in proportion to the number of members on their respective lists.

(9) *Canvassing and Advertising.*

That the Rules should contain provisions against personal canvassing for members and against advertising of individual Medical Practitioners.

(10) *Relation of Public Medical Services to one another.*

That provision be made in the Rules for transference of patients from one Public Medical Service to another.

(11) *Approval of Rules by the Local Medical Profession.*

That the Rules affecting—

(a) The amount of payments of patients;

(b) The eligibility of medical practitioners for appointment to the staff;

(c) The conditions of dismissal of members of the staff;

(d) The definition of persons entitled to become patients; and

(e) The representation of the Medical Staff and local Profession in the management—

be not altered except with the approval of some organized body locally representative of the Profession, such as a Division of the British Medical Association.

APPENDICES.

A.—THE FORMS OF INQUIRY ISSUED TO INDIVIDUAL PRACTITIONERS.*

BRITISH MEDICAL ASSOCIATION.

Division.

1904

DEAR SIR,—The British Medical Association, realizing the great importance to the medical profession of the question of contract practice, and the necessity of basing any attempt to deal with the abuses of such practice upon a careful investigation of the economic facts, is undertaking such an investigation through the machinery of its Divisions.

As Secretary of the Division, I have, therefore, been desired to communicate to you the enclosed forms in the hope that you will, in the interests of the profession, assist in the investigation by answering to the best of your ability the inquiries made.

You will observe that each of the enclosed forms is intended to be filled up with reference to one club or other appointment only. If you hold more than one such appointment, will you kindly apply to me on the form annexed for as many forms as you require?

After filling up the forms, please forward them in the enclosed envelope to the Medical Secretary of the British Medical Association, by whom your replies will be regarded as absolutely confidential, and will in no circumstances be published, being used solely for the purpose of compiling statistics.

I am,
Yours faithfully,

Honorary Secretary.

To _____ Division,
Dr. _____ BRITISH MEDICAL ASSOCIATION.

INVESTIGATION OF CONTRACT PRACTICE.

(A) CLUBS PROVIDING ATTENDANCE FOR MEMBERS ONLY.

I. (a) Do you hold any appointment as Medical Officer to a Friendly Society, Provident Association, or Club?

(b) Have you a Private Club?

(For a Private Club, please use the special Form C.)

II. If you hold an appointment or appointments, please give the following particulars as far as you can:

1. (a) Names of all *Societies for which you act.

(If you hold more than one appointment, please give the answers to the following questions on a separate form for each appointment.)

(For a Family Club, use Form B).

(b) Name of *Society to which the replies given on this form relate.

* By "Society" is meant each individual Club, etc.; for instance, in the case of general Orders, such as the Oddfellows or Foresters, each "Lodge" or "Court."

2. Does it belong to any general Order, or is it purely local?

3. Number of members of the *Society to which you are Medical Officer.

4. Rate per annum paid by members to the Society for medical benefits.

* The Committee, finding that publication of extracts from some replies would be advantageous, sought and obtained leave to publish these. (See Appendix C, p. 38.)

5. Rate per annum per member paid by Society to Medical Officer.

6. Definition of duties of Medical Officer in rules of *Society.

(Please send a printed copy, if available.)

7. Rates for extra services, such as midwifery, vaccination, operations, etc.

8. Notice prescribed for termination of contract.

9. Have you the power to refuse to attend under your contract persons whom you consider to be, on the ground of means, unsuitable for medical benefits?

10. Are you the only Medical Officer to the *Society?

If not, by what regulations is the work distributed, and for how many members are you personally responsible?

11. What is your experience of the amount of medical attendance required per member per annum:

(a) Visits;

(b) Consultations at surgery;

(c) Medicine?

12. What are your regular fees for attendance on the same class of patients in private practice:

(a) Visits;

(b) Consultations at surgery;

(c) Medicine (if supplied, and charged for separately)?

13. How old is the Society?

14. (a) What is the average age of the present adult members?

(b) If there are "juvenile" members, (i) what is the earliest age at which they are admitted, and (ii) at what age do they cease to be counted as such?

15. Can you ascertain how many of the members are members of more than one Friendly Society, or other organization for providing contract medical attendance?

16. Can you estimate the proportion of members who, for the above or other reasons, do not employ the club doctor?

III. 1. Do you consider that (a) the rates paid by any Society to which you are Medical Officer, or (b) the current rates paid by Friendly Societies and similar institutions in the district, are too low?

If so, what rates would you consider suitable?

2. Do you consider that a wage limit should be fixed in contract practice?

If so, of what amount?

3. Do you consider that the relations of Medical Officers to Friendly Societies or similar institutions in the district require readjustment in any other respect?

IV. Please give any other information or add any remarks that you may desire.

(B) FAMILY CLUBS.

I. (a) Do you hold any appointment as Medical Officer to a Friendly Society, Provident Association, or Club?

(b) Have you a Private Club?

(For a Private Club, please use special Form C.)

II. If you hold an appointment, or appointments please give the following particulars as far as you can:

1. (a) Names of all *Societies for which you act.

(If you hold more than one appointment, please give the answers to the following questions on a separate form for each appointment.)

(For a Non-Family Club use Form A.)

(b) Name of *Society to which the replies given on this form relate.

2. Does it belong to any general Order, or is it purely local?
 3. (a) Number of members of the *Society to which you are medical officer; (b) number of persons whom you are under contract to attend.
 4. Rate per annum paid by members to the Society for medical benefits. (If the rate varies at all in relation to the number in family please give details.)
 5. Rate per annum per member paid by Society to medical officer. (Please give details of variations in rate, if any, as desired under Question 4.)
 6. Definition of duties of medical officer in rules of *Society.
 7. Rates for extra services, such as midwifery, vaccination, operations, etc.
 8. Notice prescribed for termination of contract.
 9. Have you the power to refuse to attend under your contract persons whom you consider to be, on the ground of means, unsuitable for medical benefits of this kind?
 10. Are you the only Medical Officer to the *Society? If not, by what regulations is the work distributed, and for how many members are you personally responsible?
 11. What is your experience of the total amount of medical attendance given per annum under your contract:
 - (a) Visits;
 - (b) Consultations at surgery;
 - (c) Medicine?
 12. What are your regular fees for attendance on the same class of patients in private practice:
 - (a) Visits;
 - (b) Consultations at surgery;
 - (c) Medicine (if supplied, and charged for separately)?
 13. How old is the Society?
 14. (a) What is the average age of the adults entitled to attendance?
 - (b) If the rate for children differs from that for adults, at what age does the adult rate become chargeable?
 - (c) Is there any limit of age below which children are not admitted?
 15. Can you ascertain how many of the members are members of more than one Friendly Society, or other organization for providing contract medical attendance?
 16. Can you estimate the proportion of those who, for the above or other reasons, do not employ the club doctor?
- III. 1. Do you consider that (a) the rates paid by any Society to which you are Medical Officer, or (b) the current rates paid by Friendly Societies and similar institutions in the district, are too low? If so, what rates would you consider suitable?
2. Do you consider that a wage limit should be fixed in contract practice? If so, of what amount?
 3. Do you consider that the relations of Medical Officers to Friendly Societies or similar institutions in the district require readjustment in any other respect?
- IV. Please give any other information or add any remarks that you desire.

(C) PRIVATE CLUBS.

- I. 1. Do you hold any appointment as Medical Officer to any Friendly Society, Provident Association, or Club (other than the Private Club to which your answers on this form relate)?
 2. If so, please give the names of all Societies of which you are Medical Officer.
- II. With reference to your Private Club, please give the following particulars as far as you can:
1. Number of members.
 2. Does the subscription cover attendance on members only or on their families also?
 3. Rate paid to you per annum per member.
If the rate covers families of members, and if there is any variation according to the number in family, please give details.
 4. Rates (if any specified) for extra services, such as midwifery, vaccination, operations, etc.
 5. (a) What is the average age of the adults in your club?
 - (b) If the rate for children differs from that for adults, at what age does the adult rate become chargeable?
 - (c) Do you make a rule not to admit children below a specified age, and if so, what is the age specified?
 6. Have you any rules prescribing other conditions of the contract besides rates? If so, please state the same, or inclose a copy.
 7. Do you adopt any general principle, or definite rule, with respect to excluding from your club persons whom you consider it undesirable to admit, on the ground that they can afford to pay ordinary fees?
 8. What is your experience of the amount of medical attendance required per member per annum:
 - (a) Visits;
 - (b) Consultations at surgery;
 - (c) Medicine?
 9. What are your regular fees for attendance on the same class of patients in private practice:
 - (a) Visits;
 - (b) Consultations at surgery;
 - (c) Medicine (if supplied, and charged for separately)?
 10. How long has the club been carried on?
 11. Are the subscriptions paid to you direct, or do you employ a collector?
If you have a collector, is he paid by commission?
- III. 1. What are the reasons which in your opinion make it profitable to you to conduct such a club in connexion with your practice?
(For example, to meet the competition of Friendly Societies or similar organizations? to meet the competition of other practitioners, who have private clubs? to obtain payment from patients who might not pay bills? or, to extend your professional connexion?)
2. Do you think it desirable, in the interests of the profession, that there should be a local agreement among the practitioners in your district not to carry on such clubs?
Would you be a party to such an agreement?
- IV. Please give any other information or add any remarks that you desire.

B.—STATISTICAL ABSTRACTS OF INFORMATION CONTAINED IN REPLIES OF INDIVIDUAL PRACTITIONERS.

GENERAL SUMMARY OF REPLIES RECEIVED.

Total replies received ...	1,548
From practitioners engaged in Contract Practice ...	856
From practitioners not engaged in Contract Practice ...	692
Number of appointments ... upwards of	2,300
Number of clubs providing attendance for members only ...	1,793
Number of Family clubs ...	177
Number of Private clubs ...	253
Branches of the National Deposit Friendly Society ...	34

Friendly Societies and Similar Clubs.

Number of clubs which admit adult males only...	1,265
" " " juveniles but not females	404
" " " females but not juveniles	38
" " " females and juveniles	89

Private Clubs.

Number of clubs which admit adult males only...	34
" " " and juveniles	9
" " " females only	3
" " " all ages and both sexes	207

RATES.

FRIENDLY SOCIETIES AND SIMILAR CLUBS.

Per Adult Male Member per Annum.	Cases.	Per cent.
2s. and under 3s. ...	135	8.25
3s. " 4s. ...	256	15.60
4s. " 5s. ...	864	52.64
5s. and upwards...	386	23.51

1,641 ... 100.00

5s. and over ...	23 50 per cent.
Less than 5s. ...	76.50 "

100.00

4s. and over ...	76.15 "
Less than 4s. ...	23 85 "

100.00

Rates in Similar Clubs which admit Juveniles.

Juvenile rate same as adult or not stated...	307
" " lower ...	123
Juveniles only ...	2

432

Juvenile rate more than half adult rate ...	67
" " half adult rate ...	47
" " less than adult rate ...	9

123

Table Showing Yield per Attendance.

Rate of Subscription per Member per Annum.	Members.	Aggregate Subscriptions per Annum (in shillings).	Aggregate Attendances per Annum.	Average Subscription per Member per Annum.	Average Attendances per Member per Annum.	Average Fee per Attendance.
2s. to 3s. ...	9,630	23,025	34,622	s. d. 2 4 $\frac{1}{2}$	3.59	7.95
3s. to 4s. ...	9,311	30,124	34,237	3 3	3.67	10.55
4s. to 5s. ...	17,741	72,462	79,198	4 1	4.46	10.98
5s. upwards...	4,211	22,848	19,348	5 5	5.43	13.36
	40,893	148,459	167,405	3 7 $\frac{1}{2}$	4.10	10.60

WORKS CLUBS.*

Northern Counties.

Collieries ...	15
Works ...	8
Individual and family rates ...	9
Individual rates only...	6 ... Highest 4s. od. Lowest 2s. 6d.
Family rates only	7 ... " 16s. od. " 8s. od.
Doubtful ...	1
Individual and family rates }	Family " 21s. 8d. " 8s. 8d. Individual " 13s. od. " 4s. od.

Midland Counties.

Collieries ...	4
Works ...	1
Individual and family rates	1 ... Rate 9s. od. Family 8s. od. Single
Family rates only ...	1 ... " 8s. 8d. "
Individual rates only ...	2 ... " 10s. od. " 6s. 6d.
Fixed Salary ...	1

Southern and South-Western Counties.

Collieries ...	1
Works ...	5
Individual and Family rates..	3 ... 1 at 1s. per month married, 9d. single. 1 at 12s. per year family, single man 6s. 1 at 9s. " " " " 6s.

Individual rates only ...	1 ... at 4s. 4d.
Family rates only ...	2 ... 1 at 4s. 2d., 1 at 12s.

Scotland.

Collieries ...	5 ... at 13s. family, 6s. 6d. boys.
	8 ... at 13s. family.
	2 ... at 12s. family.
	1 ... at 6s. 6d. married man.
	4s. 4d. wife.
	2s. 2d. child.

Works ...	1 ... at 2s. 9d. per member.
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Unclassed or incomplete 7

North Wales.

Quarries, 4.	1 at 4s. per member.
	1 at 8s. 8d. per member or 15s. 2d. per family.
	2 at 12s. per family.

Collieries, 2.	1 at 6s. 3d. per member.
	1 at 8s. 8d. per family or 2d. in £1.

Works, 5.	6s. 6d. to 10s. 10d. per family.
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South Wales.

Works, by poundage ...	3 ... 1 at 2d.
	1 at 3d.
By subscriptions for family	8 ... 1 salary to medical officer.
	1 at 10s.; single man 8s. 8d.
	3 at 12s.
	4 at 13s.

Collieries, by poundage ...	9 ... 2 at 2d. and 2 $\frac{1}{2}$ d. in £.
	7 at 3d.

" by subscriptions	1 ... 1 at 13s. per family.
" not stated ...	1

Quarries ...	1 ... 12s. per family.
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PRIVATE CLUB RATES.

An adult male-rate was specified in 154 cases. These are:

2s. to 3s.	...	...	...	...	3
3s. to 4s.	...	...	...	...	3
4s. to 5s.	...	...	...	...	66
5s. and over	...	...	...	...	82

* The rates in Works Clubs differ so widely that it has been found impracticable to give a useful general summary.

LOCAL VARIATIONS IN RATES OF AGRICULTURAL WAGES.*

From the Eighth Annual Abstract of Labour Statistics.

	s. d.	s. d.	s. d.
Northern Counties...	18 6	to 20 9	average about 19 3
Midland Counties ...	14 8	" 19 11	" 17 2
Eastern Counties ...	14 5	" 17 9	" 15 8
Southern and South-Western Counties ...	14 9	" 19 10	" 16 6
Wales ...	14 9	" 19 7	" 16 6

LOCAL VARIATIONS IN RATES IN FRIENDLY SOCIETIES AND
SIMILAR CLUBS.

Northern Counties.

Rates per Member per Annum.	Cases.	Per cent.
6s. and upwards ...	5	1.33
5s. " ...	27	7.20
4s. " ...	201	53.60
3s. " ...	88	23.47
2s. " ...	54	14.40
(Miscellaneous, etc., 14.)		
	375	100.00

In 8 cases a separate rate is charged for sickness and for accidents.

In 2 cases the rate is for sickness only and excludes accidents.

5s. and over ...	8.53 per cent.
Less than 5s. ...	91.47 "
	100.00

4s. and over ...	52.10 per cent.
Less than 4s. ...	37.90 "
	100.00

Midland Counties.

Rates per Member per Annum.	Cases.	Per cent.
6s. and upwards ...	8	3.02
5s. " ...	24	9.06
4s. " ...	161	60.75
3s. " ...	60	22.64
2s. " ...	12	4.53
(Miscellaneous, 2)		
	265	100.00

5s. and over ...	12.08 per cent.
Less than 5s. ...	87.92 "
	100.00

4s. and over ...	72.83 per cent.
Less than 4s. ...	27.17 "
	100.00

Eastern Counties.

Rates per Member per Annum.	Cases.	Per cent.
6s. and upwards ...	18	9.32
5s. " ...	74	38.34
4s. " ...	92	47.67
3s. " ...	7	3.63
2s. " ...	2	1.04
(Miscellaneous, 14.)		
	193	100.00

5s. and over ...	47.66 per cent.
Less than 5s. ...	52.34 "
	100.00

4s. and over ...	95.33 per cent.
Less than 4s. ...	4.67 "
	100.00

* This information is inserted to facilitate comparison of local variations in rates of club subscriptions with variations of wages in the same districts

Southern and South-Western Counties (including Monmouth).

Rates per Member per Annum.	Cases.	Per cent.
6s. and upwards ...	31	6.79
5s. " ...	172	37.47
4s. " ...	238	51.85
3s. " ...	17	3.67
2s. " ...	1	0.22
(Miscellaneous, 22.)	459	100.00

5s. and over ...	44.30 per cent.
Less than 5s. ...	55.70 "
	100.00

4s. and over ...	96.10 per cent.
Less than 4s. ...	3.90 "
	100.00

London.

Rates per Member per Annum.	Cases.	Per cent.
6s. and upwards ...	5	4.68
5s. " ...	7	6.54
4s. " ...	95	88.78
3s. " ...	0	0
2s. " ...	0	0
	107	100.00

5s. and over ...	11.22 per cent.
Less than 5s. ...	88.78 "
	100.00

4s. and over ...	100.00 per cent.
Less than 4s. ...	0.00 "
	100.00

DUPLICATE MEMBERSHIP OF CLUBS.

(i) Summary of Replies Stated Numerically.

No members belonging to other clubs ...	74
No. of " " " " Less than 25 per cent. ...	86
" " " " 25 per cent. to 50 per cent. ...	42
" " " " 50 per cent. or more ...	50

(ii) Summary of Replies Stated Verbally.

"Very few" members belong to more than one club ...	219
"Many," "a good many," or "most" ...	90

Proportion Employing the Club Doctor.

All ...	133
75 per cent. ...	61
50 to 75 per cent. ...	34
50 per cent. or less ...	17

CONDITIONS OF CONTRACT OTHER THAN THOSE
AFFECTING RATES.

(a) NOTICE TO TERMINATE CONTRACT.

"No agreement" ...	251
"At the pleasure of the court" ...	98
Three months or less ...	474
Six months ...	183
From six to twelve months ...	30
Annual appointment ...	126
Three years' agreement ...	3
Five years' agreement ...	3
Life appointment ...	1

(b) WAGE LIMIT.

Number of appointments in which practitioners concerned state that they have power to exclude candidates for membership whom they consider to be, on the ground of means, unsuitable for medical benefits ... 131

(c) INDIVIDUAL CHOICE OF MEDICAL ATTENDANT.

Number of appointments in which the members of the society have the privilege of choosing their own medical attendant ... 211

*(d) INFERIOR AGE LIMIT.**(In Friendly Societies and Similar Clubs which admit Juveniles.)*

Admitted from birth ...	31
Admitted at one month ...	1
" three months ...	1
" six months ...	1
" nine months ...	1
" one year ...	59
" two years ...	9
" three years ...	24
" four years ...	26
" five years ...	31
" six years ...	45
" seven years ...	18
" eight years ...	12
" nine years ...	1
" ten years ...	15
" eleven years ...	1
" twelve or any working age ...	21

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PRIVATE CLUBS.

Number of clubs in which medical attendance is provided for all ages and both sexes ...	207
Number of these in which an inclusive family fee is charged, or a reduced fee to members of a family above a specified number ...	104

INFERIOR AGE LIMIT IN PRIVATE CLUBS.

From birth ...	165
One year or less ...	10
Two years ...	5
Three years ...	1
Five years ...	1

WAGE LIMIT (PRIVATE CLUBS).

In 187 cases out of 230 in which the question is answered there is either a definite wage limit prescribed, or some other means is adopted in order to exclude persons who are able to pay ordinary fees.

COLLECTION OF SUBSCRIPTIONS.

Paid direct to the medical officer ...	129
To a collector ...	87
" paid by commission ...	66
Unanswered ...	37

ANALYSIS OF SUGGESTIONS AS TO REFORM.

Club Rates.

Number of practitioners who consider that the rates they receive at present are inadequate ...	458
Number of practitioners who state the amounts to which rates should, in their opinion, be raised ...	393

These suggestions may be summarized as follows:

4s. or below ...	31
5s. ...	145
4s. to 6s. ...	52
6s. ...	78
8s. ...	22
10s. ...	23
Other amounts between 5s. and 10s. ...	29
12s. ...	5
Over 12s. ...	4

Number of practitioners who are satisfied with the rates they receive at present ...	165
Number of these who consider that the rates paid by clubs in neighbourhood are too low ...	43

Wage Limit.

Number of practitioners who consider that a wage limit should be imposed ...	542
Number of these who specify amounts at which it should be fixed ...	324
Number of practitioners who express general approval of a wage limit, but regard its imposition as impracticable ...	77
Number of practitioners definitely opposed to the imposition of a wage limit ...	55
The specific wage limits are as follows:	
20s. and under ...	35
30s. and under ...	131
40s. and under ...	126
Over 40s. ...	29

Local Agreement not to Carry on Private Clubs

"Do you think it desirable, in the interests of the profession, that there should be a local agreement among the practitioners in your district not to carry on such clubs?"

"Would you be a party to such an agreement?"

Number of practitioners who reply to both questions in affirmative ...	63
Number of practitioners who, though convinced that such an agreement was undesirable, were willing to take part if it met with local approval ...	30
Number of practitioners who neither thought such an agreement desirable nor were they willing to take part in it if made ...	65
Number of practitioners who thought such a local arrangement undesirable, but gave no indication as to what their course of action would be if it were made ...	18
Number of practitioners who were doubtful as to the desirability of the course, but expressed their willingness to take part in it ...	8
Number of practitioners who left the question unanswered ...	61

C.—(I) EXPRESSIONS OF OPINION BY PRACTITIONERS ENGAGED IN CONTRACT PRACTICE. (II) EXPRESSIONS OF OPINION BY PRACTITIONERS NOT ENGAGED IN CONTRACT PRACTICE.

[For the reasons explained in the footnote on p. 33, the following letter has been addressed to all practitioners (whose names were known) whose opinions on the general question of Contract Practice, as expressed in their original replies to the Committee's inquiries, it was desired to quote, and those opinions are now published—(I) and (II) below—whose authors have given permission]:

BRITISH MEDICAL ASSOCIATION,
Medico-Political Committee,
Medical Secretary's Office,
(2 encls.) 429, Strand, W.C.
July 7th, 1905.

DEAR SIR,

Contract Practice Inquiry.

The Medico-Political Committee of the Association have decided now to close their investigation into contract practice and issue their report, having afforded ample time for all those who may desire to do so to reply to the inquiries issued in March, 1904.

On consideration of the replies to those inquiries it appears to the Committee that many of the suggestions and opinions expressed by correspondents are of such value as a guide to the actual opinion of the profession on various aspects of this important subject, that it would add materially to the usefulness of their forthcoming report to the profession if the Committee were permitted to quote the actual words in which such opinions and suggestions are stated.

The Committee, however, is bound by an undertaking given in the covering letter which the Honorary Secretaries of Divisions were requested to send out with the forms of questions, namely, that the replies would be used for the purpose solely of compiling statistics, and would not in any case be published.

The intention of this undertaking was that correspondents might feel assured that any private information which they might feel prepared to give for the purpose of assisting the Committee, but not for publication, would be regarded as strictly confidential.

On the other hand, provided that the quotations are so made as to give no indication of the identity of the writers, it appears to the Committee that probably the majority of correspondents would have no objection to the publication of many of their opinions and suggestions.

I am therefore instructed to ask whether you will consent to the publication of the quotation from your reply, of which I enclose a proof.

If you approve will you kindly initial and return this slip, for which purpose I enclose a stamped, addressed envelope.—I am, yours faithfully,

J. SMITH WHITAKER,
Medical Secretary.

(I) EXPRESSIONS OF OPINION BY PRACTITIONERS ENGAGED IN CONTRACT PRACTICE.

1901 (Abstract) Profession suffers more in this district from abuse of hospitals than from abuse of club system.
(Town: South East Lancashire.)

1913 (Abstract) Suggests National Deposit system should be adopted throughout. Says, "I consider the practice of binding one's self to any individual, or body of individuals, to attend him or them professionally for a specified time during a specified time on the chance that he or they shall not require one's services, and so taking money for nothing, is only a gamble, and degrading to the man who does it."
(Village: Kent.)

1916 Poor-law work much worse paid than other contract practice, the wealthy public bodies taking advantage of the necessities of young medical men. As public medical officer my salary was £23 per annum. For that sum I paid 1,300 visits, supplied 600 bottles of medicine, and gave 140 consultations in my surgery. (Town: North Derbyshire.)

1922 The only clubs I have, if they can be called clubs, are about fourteen in a private club, the remains of a large club I took over 27 years ago and which I allowed gradually to die out. These fourteen pay some of them £1 1s. od., some 10s. 6d. per year, these pay also £1 1s. od. for midwifery and 2s. 6d. for vaccination, and all accidents and fractures are paid for at the usual rate, dental extraction, which by the way I never do, is supposed to be also extra. I have also about twenty Rechabites who pay the usual fee annually, their wives and families are extra, and pay the usual fee—5s. visit and medicine. I have a very fair country practice, and this I have been able to put together, in spite of other men "taking in" men some of them with £200 a year. I do not think this is due to any extra skill on my part, but simply because I have had the patience to wait and half starve at first, rather than take unworthy fees; this has, as it always does, brought its reward. It is perfectly necessary for the working man to have clubs, but it is generally the practitioners' own fault that they work for so little, and until pressure is brought to bear by the British Medical Association on a certain class of practitioners, and it is made penal in some way or other on the members of the Association to meet such men, no amount of statistics or anything else will have any effect. It is only a question of time that all registered medical practitioners must join the Association, and then, and not until then, will the class of men who endeavour in every way to undersell their brethren be brought to book, and a noble profession be put into that social position that it ought to have.

1925 (Abstract) Society should have medical fund, but pay the doctors for actual work done, and allow choice of doctor. One or two local clubs do this, and find it no more expensive than keeping special doctor.
(Town: South-East Lancashire)

1936 (Abstract) Takes family clubs in order to keep adult males.
(Town: Monmouthshire.)

1945 (Abstract) No medical man should undertake contract practice under 6s. per member. Something ought to be

done to suppress the "underselling" which is so common. Several instances in district where a medical man has taken a club at 2s. 6d. per member per annum where the medical officer was receiving 3s. 6d. Weary of seeing that this subject is to be discussed at several meetings and nothing more comes of it.

(Village: North Wales.)

- 1955 The Industrial Co-operative Society here has under consideration the formation of a club or society. We have all agreed not to accept appointment until the matter has been brought before and sanctioned by the members of our medical society.

(The medical society was successful in preventing the formation of this club.) (Town: Lancs.)

- 1959 I am senior medical man in K.; and have been surgeon to the Foresters for nineteen years. Our relations have been amicable during all that time, although on more than one occasion I have met the members in conference and discussed with them the abuses of their system. Had I not from the very beginning resolved to attend these men as carefully as those in my private practice, there would have been disputes innumerable, and long ere this I would have ceased to be their medical officer.

There is an adult court called Court F, with 162 adults; and a juvenile court with about forty juveniles, all boys; members alone are entitled to medical benefit; not their families. The medical officer receives from each adult member 2s. 2d. per member per annum; and from each juvenile 1s. 1d. per annum.

These sums do not include medicine. The two courts pay the chemist themselves.

There is no extra fee for extra services such as surgery or dentistry. The appointment is renewable annually, and terminable by one month's notice on either side.

The medical officer has no power to decline attendance on any member on account of means. He has declined to do so on account of intoxication of members, venereal diseases, etc., brought on by misconduct. He is the sole medical officer; but frequent attempts have been made to divide the work among all the practitioners. This would give each doctor about £3 per annum.

The average number of visits and consultations amounts to about 600 interviews and visits per annum.

Although there is but one medical officer, yet several members are insured in one or two additional Societies for weekly sick ailment.

All the members do not call in the medical officer when sick. About thirty call in other doctors who have never given a trial to the Society doctor.

All the members also do not call in the Society doctor for their wives and families. In fact, many seem to consider it better form to call in any doctor but the Society doctor. It gives them tone.

The above-mentioned rates are absurdly low. They were formerly a little better, but when the funds were low the doctor was asked, and consented to take the above-mentioned sums. This allowed the funds to recuperate; and now when the court is more than solvent, the members apply the surplus to a bonus fund for themselves and have not raised the fee of the doctor even to its former rate, though this was pointed out to the members.

The minimum ought to be at least 4s. 4d. per member, adult and juvenile.

Among the members are:

A master clothier owning property, master bootmaker, newspaper proprietor, master blacksmith, mill foreman owning their homes, master confectioner, master painter employing forty men; master plumber owning a great deal of property, master laundryman owning property, Town Councillor, two master saddlers owning property, master grocer owning property, master timber merchant owning steam sawmills, etc., master wine merchant, master chemist, master baker, master painter, organist, accountant, master barber, insurance superintendent, and a whole host of foremen and superintendents in the mills, etc.

All of these are not ashamed to claim full attendance from the doctor for every trifling ailment.

One of them had a lad ill for five years with spinal caries. He had from the doctor over 1,500 visits for 1s. 1d. per annum; and yet the lad's father was one of the strongest opponents to the doctor in the Society.

There has never been the least accusation or charge of remissness on the part of the doctor from any member during all that time.

Remuneration:

The doctor receives annually from the adult court about £12 14s. after deducting his own dues of £1 7s. as an ordinary member, and from the juvenile court about £2 6s. per annum.

These are the entire emoluments from the court, and the fact of his being court doctor does not seem to bring in any additional family practice.

From his interviews with the Committee, the members are well prepared for radical changes respecting their medical officer and his payment.

The General Medical Council ought to fix the emoluments, the wage limit, etc., making obedience compulsory.

The doctor has, when necessary, to visit any sick members 3 miles distant from the town for the above rates of pay.

All the members are, without exception, well-to-do, and all can afford to pay a much higher rate.

- 1960 (Abstract) In a manufacturing town it is absolutely necessary to have sick clubs and medical officers paid at contract rates, or we should have to work for nothing and keep a clerk to keep our books, for the over-due accounts would be enormous. (Town: Leicestershire.)

- 1963 Would not be a party to doing away with clubs for the working classes. (Small town: Somerset.)

- 1974 I have had experience of Friendly Societies' work for a period of thirty years, and as the result of that experience I make the following remarks:

Persons are allowed to join Friendly Societies whose position in life warrants their paying the ordinary fees of medical men. I would qualify this by stating that many persons join the societies not entirely for the benefits to be derived, but because they are induced by their friends to belong to a society in which these friends are more or less interested. As a rule, the meetings of Friendly Societies are held at public-houses, and the landlord of the house is very often the treasurer of the society. He is naturally keenly interested in increasing the membership, and he induces all sorts of people to become members. My experience proves that the better the class of members the more attention they require at the hands of the doctor. I would suggest that as in many instances there is a system of shareholding—that is, that a man receives when sick an amount according to the number of shares he holds in the society—the medical officers should be paid *pro rata*. For example, in the society of which I am one of the medical officers the members are, roughly, divided into three classes—namely, those holding one, two, or three shares in the funds. Those holding one share obtain 10s. a week during sickness; those holding two shares, 20s. a week; and those holding three shares, 30s. a week. Now, it must be manifest that a man who could afford to pay a sufficient sum to ensure 30s. a week during sickness should pay more than one penny per week for doctor's attendance.

Speaking generally, I think that the attention of the Friendly Societies should be called to the inadequate remuneration of the medical officers in the case of a large number of their members, and to the fact that a great number of members are admitted who are not really working men. Publicans and their friends are admitted members without question, and such persons are, from the nature of their occupation, more liable to sickness than the ordinary working man.

I may point out that a new departure has been made in the district with regard to certain clubs. Whereas formerly one medical officer was considered sufficient for attendance on the members, it is now thought that the club would be benefited by having several medical officers. And in one instance this change was made, not by the general body of members, but by the management committee. (Town: S. Wales.)

- 1976 (Abstract) This club adopted the National Deposit system, which worked admirably for some time. Dishonest agent made away with money and falsified accounts, entirely exhausting members' private funds. Only re-

source was to adopt the ordinary contract system, which respondent has accepted under protest.

(Town: Isle of Wight.)

- 1982 (Abstract) Question of relationship of club doctor to other practitioners has some importance. Heard of many cases where a club doctor attending a club patient has asked for the care of the rest of the family, and some cases where patients have been bullied into accepting the services of the club doctor against their wishes.

(Town: West Yorkshire.)

- 1986 (Abstract) Club members who come to my house are sometimes tipsy and insolent. Sometimes they insult the servant girl and terrify my family. . . . Yet I dare not complain. . . . My wife and family have been driven out of my own house by drunken members, and forced to seek the protection of neighbours; and because my next-door neighbour cleared the noisy club members out somewhat roughly, I was asked to resign by the majority of the club. However hard and faithfully the club doctor may work, he cannot gain the sympathy of his patients as in private practice. Club patients are far more exacting than private patients, and are seldom friendly in feeling towards the doctor.

In my opinion, if there be no sympathy between doctor and patient, all treatment is useless (as a general rule).

The club doctor is unable to get rid of objectionable members, however outrageous their conduct may be. In my own case, a few disorderly club patients have made my life a burden.

(London.)

- 2011 Either (1) a smaller annual payment with an addition of a small charge for each prescription dispensed—say 1d. or 2d.;

Or (2) the annual contributions of members of the societies to be made into an insurance fund, out of which the doctor should be paid the usual fees for visits as to private patients of the same class. In the first case the individual members would find it to their interest to diminish the unnecessary work, and in the latter the clubs would themselves find the same to their interests; but unless uniformly enforced by the head quarters of all Orders either would be impracticable.

(Country Town.)

- 2012 (Abstract) Family clubs should not be taken at all, or else all members of lodge should be compelled to pay for family. At present only those with sickly families join.

(Town: S. Wales.)

- 2027 Thinks forms too elaborate.

- 2049 Considering the impossibility of the British Medical or any other Association enforcing the adoption of any tariff it might determine upon—as the law at present stands—the only hope of any amelioration of the position of club doctors is to be looked for in an amicable arrangement between the British Medical Association and the heads of the Friendly Societies.

(Town: Channel Islands.)

- 2061 (Abstract) Wage limit would be well if practicable. Better plan would be to limit contract practice to houses below a valuation of £25 per annum, but even then this would be hard on old members who had saved a little money.

(Village: South Wales.)

- 2102 (Abstract) Considers that contracts for medical attendance should be independent of Orders and Clubs formed for other purposes; should be controlled or managed by the medical men of the district.

(Town: Kent.)

- 2105 (Abstract) Suggests that all clubs should be pooled, members to choose own medical man, latter to be paid according to number of attendances. (Has seen the system in successful operation elsewhere.)

(Village: North Lancashire.)

- 2114 Large practice among middle and working classes. Ten times better than dozens of clubs.

(Town: Monmouth.)

- 2116 (Abstract) Thinks clubs necessary in agricultural districts. No member should be allowed to receive benefits from his combined clubs of a larger amount than his usual weekly wage.

(Village: Suffolk.)

- 2125 I consider the whole of contract practice should be absolutely abolished, because the whole of decent medical work being an individual and purely personal matter, its value cannot be assessed like the market price of tea or any other trade commodity.

If to meet the large societies it should be considered necessary to continue contract practice, a wage limit

should be fixed—say, £2 a week and under in married men—bachelors not to be taken.

A gentleman's position in regard to any of the Societies is, I think, unnatural and impolitic; but if he starts as he means to go on it is bearable, that is, remains master of his department (personally have done so for four years).

All medical men in any one self-contained district ought to have an agreement as to local minimum rate to be charged, and also as to wage limit. The minimum (absolute) to be fixed by the British Medical Association, which, by the way, I am pleased to see is beginning to move in practical "to-day" matters.

(Town: South-West Wales.)

- 2127 I do not attend members of clubs, as such, in the ordinary way—all the workmen in this district, the company's in particular, paying 3d. in the £ out of their earnings, deducted at the company's office, into a doctor's fund, which is managed by a committee of themselves, which meets once a quarter, and pays all expenses; my assistants (two and a dispenser) and I are paid fixed salaries. I pay them (assistants) monthly, and dispenser weekly, and other small, extra bills, etc., during the quarter, and the committee refund the money, together with my salary, when they meet. My salary is £700 a year, with house, free of rates and taxes, except income tax, and servant's dog-cart, etc., which I pay, and coal. They pay all surgery expenses, rent, caretaker, etc. I order all drugs, instruments, appliances, etc., required, and hand in the bills, which they pay. I advised the men to put by £1,000 to provide for strikes, when there would be no stoppages, and they have done so, and the surplus increased to nearly £2,000, out of which they have built an excellent cottage hospital of nine beds, with every convenience, for accidents or operations. This system works well and pleasantly. Outside workmen and small tradesmen who cannot pay private fees pay 1s. or more a month into the fund, which is collected by the secretary. Private patients, of whom there are few, have to get their medicine from a druggist, and are charged by me for visits and consultations only; the fees being 2s. 6d. to 5s. for ordinary visits within a mile.

Several neighbouring districts have in the last year or two adopted this system.

I may add that the medical department here used to be managed by the company, but owing to complaints as to the management the men took it out of their hands. The men made the work easier for me by giving me a dispenser (one of the qualified assistants had to do it up to then), and soon added £100 a year to my salary.

The assistants are entirely under my control.

All the workmen with few exceptions belong to clubs, some to two or three—such as Oddfellows, Foresters, Hearts of Oak, West of England, etc.—which give me an honorarium (2 to 5 guineas, according to size) at the end of the year for extra services in examining candidates for entrance, etc. The Hearts of Oak pay 2s. for each examination. All these men are entitled to attendance, and their families, through paying into the doctor's fund. They also have a sick fund, for which more money is stopped.

They used to pay 10s. for confinements, but are now attended, when necessary, for nothing, the difference having been added to the salaries on the understanding that we do not attend unless sent for by the midwife in case of difficulty or something wrong. Anything wrong with the mother or child afterwards is attended to in the usual way.

The men subscribe to Infirmary, to which eye (cataracts, etc.) and gynaecological cases are sent. Ordinary operations—enucleations, hernia, lithotomy, amputations, tumours, etc.—have always been done by me, in the people's own houses, without extra payment, and they do well; amputations as a rule, out, healed, in a fortnight.

(District: South Wales.)

- 2128 I think that women and children ought not to be attended by yearly contract by any member of the British Medical Association. In towns women and children might be attended at a fixed rate weekly when ill. A medical man near here takes clubs for women at 4s. a year and comes a distance of four miles. How can it be done?

I think members of the British Medical Association should be protected against "outsiders."

(Town: Notts.)

2137 This club is run without the slightest trouble. The profit is about *nil*, but it is useful in a practice such as I hold, for the reason that I find it to be difficult to refuse attendance on undesirable patients. I say to such, "You must join my club or get a parish order."

(Town: Sussex.)

2148 (Abstract) On the whole, clubs pay in poor districts. Medical men get very little for their services. I make perhaps 5,000 visits, drive about 4,000 miles, a year, parish included. Keep two horses. Spend £50 in drugs, and average £450 gross takings; about £200 from contract practice. There cannot be much in it either way.

(Town: Hants.)

2151 Until quite recently the medical officer was bound to attend members living within a radius of five miles. We have now got this radius reduced to three miles (which is still excessive), and a charge of 1s. per mile is to be made for special visits to members living beyond the three-mile radius.

(Village: Cornwall.)

2154 Any member may employ what surgeon he likes, and after six months from initiation may have 7½d. per quarter refunded from the lodge, his surgeon to certify weekly (when ill) as to progress, etc.; and the lodge or general officers may require such a member to submit himself to the lodge surgeon's examination (this, I conclude, without the doctor getting any benefit whatsoever).

My Druids' fees are about £37 of this list. Since all my clubs pay 4s. per annum I do not distinguish them, but lump all together.

	Transactions (whether certificates, operation, medicine, etc.)	Cash received (including extra certificate fees).	Average transactions.
1901 ...	416 ...	40 12 8	1 11½
1902 ...	629 ...	41 19 5½	1 4¼
1903 ...	535 ...	47 9 10	1 9½

After first week of illness I charge members 6d. for every certificate required (for other clubs, etc.), excepting of course, those for my own club. Also 1d. for each bottle; above figures include such charges.

Rates are too low. Should be 5s. per annum for adults and juveniles. No person under 10 to be admitted to medical benefits. Some clubs, etc., range from 1s. 6d. per annum; 4s. round here is maximum, and that with a 3-mile radius from lodge, not from surgeon's residence.

No females to be admitted to medical benefit, and no person unless previously vaccinated.

Also, before initiation an examination fee of at least 4s. should be paid, whether subject be fit or otherwise; at present there is no fee, and if unfit we do not get any subsequent benefit; we also incur applicant's ill-feeling, which does our private work no good; this is apt to render such examination a farce, and pretty well all are apt to be admitted.

That if we are called in by officials to examine a non-paying member, a private fee be paid.

Distance limited to 2 miles from doctor's house or an extra fee be charged.

Operations and fractures, etc., be allowed as extras; also extras allowed for serumtherapy, oxygen, etc.

If possible to work it, there should be a wage limit of £2 per week.

That all members of any medical contract be allowed to choose their own surgeon, that such clubs, etc., issue in advance to the various doctors a quarterly list containing names to which he has to attend. That such members can only transfer quarterly. And that doctors be entitled to a quarter's notice from club, with reasons given. That no complaints be heard relating to doctor without his being given a chance of attending meeting, and answering if he so desires.

That in all clubs a preliminary medical examination of an applicant be made compulsory.

That no honorary membership be expected, or presents from doctor, which often amount to terrible bribery and corruption.

2163 (Abstract) Members should all have their own medical man to attend them (privately), the account being forwarded for payment by the club treasurer.

(Town: Yorks.)

2176 (Abstract) Patient for two years and half under my care for malignant disease, who had a bottle of medicine (six-

teen doses) nearly every day. My pay for that was 4s. per annum. (Village: South Wales.)

2183 This is all utter bosh—and a stupid waste of funds which might be employed for medical defence.

(Town: Lancashire.)

2185 (Abstract) Never had anything but the most cordial relations with any of my clubs. (London, S.E.)

2191 (Abstract) Since juvenile members are just as frequently ill as adults (if not more so), and require as much attention, we see no reason why medical officers should not be paid the same amount for them as for adult members. No child should be admitted under 3 years old. No one that is in the debt of the medical officer for previous medical attendance should be admitted to the club. Sometimes a patient will run up a long account and then come to be allowed to join a club, thereby obliging the medical officer to continue attending him despite the debt. (Isle of Wight.)

2196 On the whole I consider my position with regard to my clubs satisfactory. I find my members reasonable, respectful, and sometimes even grateful. I unhesitatingly condemn the entire club system, as it exists at present, as unsatisfactory both for the patients and the medical man, but would strongly deprecate any interference with it until some better scheme for universal application has been devised. Up to the present I fail to see that a practicable one has even been suggested. I believe contract practice in some form in a district like mine to be absolutely necessary. (Town: Suffolk.)

2201 (Abstract) I have a farmer, as an instance, worth £12,000 (twelve thousand pounds) and only paying me 2s. 6d. a year, I having to go over four miles to see him.

(Village: Wales.)

2213 Private clubs appear to me to be the most satisfactory of all forms of contract practice. The management is entirely in the hands of the medical man; he can exclude those he does not care to attend; he is his own master, and not a slave to a lay committee. Considering the increased value of our services, and the better condition of the working classes, I am of opinion that the rates for contract practice should be increased to: males, country, 6s., town, 5s.; females and children, country, 7s., town, 6s. (Town: Midlands.)

2239 Most of the members in this district are in two clubs, and pay the doctor's fee for both; they therefore pay 6s. a year for their doctors.

It would be more satisfactory if there were a common medical fund, and every member of a society were to pay 5s. a year into it, and choose the doctor in the district whom he wished to attend him in case of sickness, each doctor to be supplied with a list of those members who wish him, and the doctor to be paid 5s. for every name on his list. There would then be no doctor to a certain club or society, and the doctor would have the satisfaction of attending to the members, not because the member was in the club and they had to have the club doctor, but because the member wished that doctor to attend him. (Town: Yorks.)

2240 If you enforce a wage limit, it is not much of an inducement to prosperity, and many members who are now in good circumstances were poor when they joined the club. Here all the well-to-do tradespeople are members, including butchers, grocers, publicans, insurance agents, estate stewards, and even a manager of a fishery. I regard this question of contract practice as one of the most important affecting medical men, and hope that something will be done. . . . No doubt a lot of time and expense must take place over this question, but would it not be possible to find some medical man who could devote his whole time and talents to fighting this contract fiend for the benefit of his less prosperous brethren? (Village: Hampshire.)

2245 I do not think that any single medical man should be expected to take the contract to look after collections of individuals in sickness when he has no power of regulating their mode of life to keep them healthy, for much of their sickness is brought on by indiscretion in diet, etc.

It is a form of insurance where the medical man has all the risk and no power to safeguard himself like companies do in other forms of insurance.

I see no justification for contract practice as understood by Friendly Societies.

It does not help the man with small, irregular wages,

- that is, the real poor, as they cannot afford to join a society. It only benefits men in receipt of regular and fairly good wages, who are just the men who do not need this help and who also boast wrongly, I often think, of their temperate habits. If their sickness is as trifling as they say, why do they bother about getting medical aid?
- To my mind people are right to club together in various ways to get pecuniary aid in sickness, but medical attendance is quite a different thing. If the profession at large could arrange some form of charge, contract or otherwise, so that the real poor, male and female, who are above the Poor Law but not able to pay our low fees could get medical help, it would be a good thing, but each patient should have some choice of medical attendant, and the present type of Friendly Society man should pay for his medical attendance, as he can well afford to do so in most cases. (Town: S.E. Lancs.)
- 2265 (Abstract) Members are frequently impudent because you are the "club doctor." Consultations are never extra, and they dismiss you from attendance with scant ceremony, and are always talking behind your back, and you receive more injury than advantage in this way, as they influence private patients against you, and you lose caste. I have regretted I ever took a club, and should be better off if I had had nothing to do with them. (Town: Lancashire.)
- 2275 I have already voluntarily resigned two appointments—namely, the Poor-law appointment here and the..... Company's Workmen (living in this district), as they were so poorly paid. It would be hopeless to try to improve upon the present poundage of 3d. without combination; one cannot make sure of retaining the 3d., but I could not afford to carry on the work at less, and, indeed, at 3d. it is cutting it fine. (Town: Wales.)
- 2299 Most men are nowadays insured against accidents, and in some cases draw large sums of money, but still expect the club medical man to fill all certificates and to attend as club work. I have known of men drawing from £250 to £260 and still go on the club for all they require. (Town: Devonshire.)
- 2360 Members of Friendly Societies and men who pay a works doctor should form medical clubs to be managed by themselves; into this each member should pay, and when ill engage any doctor he likes—as a private patient, —the doctor's bill to be paid out of the medical fund. The clubs might have their own drugstore and dispenser, the doctor to prescribe only, at a fixed fee. (Town: South Wales.)
- 2304 Would prefer a separate contract for the supply of drugs. (Town: North Wales.)
- 2306 In this district the "orthodox" medical men are strongly united, and have demanded and obtained a uniform payment of 5s. per member per annum for all male members. (Town: Yorkshire.)
- 2307 I should like a reply postcard sent to every member of the British Medical Association, to be filled up with an answer to this question: "Will you agree to a minimum of 6s. per annum per member for all clubs, if each member of the British Medical Association will do the same," or some question like that. Only "Yes" or "No" is wanted. (Village: Shropshire.)
- 2308 (Abstract) I have been in practice for sixteen years and have long been convinced that something should be done by the profession or State to stop this sweating; there ought to be some strong bond of unity to prevent such disgraceful work. I trust some permanent good will result from this investigation. (Town: Staffs.)
- 2318 Medical men should not compete one against the other for these clubs. For instance, I had an opponent who was willing to attend member's wife and family for 4s. a year. I refused. And the only remedy would be, in my opinion, for medical men to form a union. (Village: North Wales.)
- 2326 Nearly all the tradespeople in this town are members of the Foresters or Independent Order of Rechabites. Practically they only join for medical benefits, as if they can possibly manage it they do not go on the club, as it does not pay them to be absent from shops, even if not able to do much in the way of work. I cannot refuse them, as the other medical men will not refuse them, and they were members of the clubs when I came here. (Town: Devonshire.)
- 2330 (Abstract) The medical officer is treated as if the members were conferring a favour on him by joining his list, whereas any conscientious practitioner can satisfy himself that clubs are a monetary loss. We are often treated with disrespect, which is laughed at by the club committee if reported. I have had members come to my surgery intoxicated. The rules relating to members under treatment are not enforced by club, and "sick" (?) members are frequently seen enjoying themselves in inns, etc. (Town: Staffs.)
- 2333 Wage limit should be £2 per week. Best abolish all contract practice, as they have done in the neighbouring town of K., a purely working-man's town, under the able guidance of Dr. X., whose answers please see. There the profession have stood shoulder to shoulder, and for some years have successfully resisted all attempts to establish club and medical aid practice of various kinds. At our meetings here I strove in vain to get the profession to adopt the..... tactics, but in vain. There went up a whine as to what the poor people would do without their club doctor. I pointed out that the majority of them spend five or six times more for milk or tobacco, and many twelve times more on beer without hesitation, and have the impudence to offer a doctor 3d. per week for medical advice and medicine. (Town: Lancs.)
- 2336 (Abstract) The remuneration (7s. 6d.) per family seems small, but a large proportion of the members never call me in during illnesses; many of the members, probably one-third, are unmarried, and several of the better-off families pay for my services as if they were private patients. The members are always agreeable to conform to my regulations as to time of sending messages, other than urgent ones, and to any other reasonable regulations. (Dublin.)
- 2354 My Society and I get on well enough, and if all members of societies behaved to their medical men as mine do to me there would be no friction. If they gave me any trouble I would resign at once. (Town: Scotland.)
- 2357 I think the above conditions would be satisfactory for male members. Juveniles ought to pay more than adults, as they are more liable to sickness. I think the relations of the medical officers with their societies in this neighbourhood are generally satisfactory. (Town: Derbyshire.)
- 2360 (Abstract) It is unreasonable that medical officers should not be paid an examination fee for new members joining a sick Friendly Society; for example, the Midland Railway Friendly Society pays no fee for examination on entry to sick club. The member may be rejected on the score of ill health, and yet the examiner gets no fee. (Town: Yorkshire.)
- 2371 The present state of things is always giving rise to friction, and I only trust the British Medical Association will put the matter on a fair basis. (Town: Cornwall.)
- 2378 The great fight I had, especially with the Foresters, was about admitting farmers and tradesmen, shop-keepers, publicans, etc., who obtained medical attendance for 5s. per annum, but did not care to "trouble the club," that is, to draw 10s. or 12s. a week, but considered that they ought to get medical attendance for the same price as one of their labourers, and generally fussed more and thought they ought to have more attention shown them than the poorer members. One farmer was in the club eighteen years, but never paid into the doctor's fund until he found he had got heart disease, then he had two years' heavy attendance for 5s. a year. For some reason the Foresters' Club was organized and governed by a strong Radical element, so much so that several Conservative members had to leave. They appointed me fifteen years ago, and I held the club for one year, when on the question of attending farmers who were members I was thrown out by a clique who wished to appoint a medical neighbour who moved into my district, and to get work was willing to take any one and anything to try and oust me, as a newcomer. He had to resign, as he left the district several years ago, and I was re-elected by an overwhelming majority. But in the meantime the principle of attending farmers had become established, and several members have employed another doctor for their families, as I refused to attend them as club patients as being men of property. (My nearest opposition is about 5 miles.) (Town.)
- 2379 The prevalence of contract practice without any wage limit makes it difficult to get reasonable fees

in middle and lower class practice. The provident dispensary with its collectors dominates the situation. Even midwives practise in connexion with it, but I do not know on what conditions. It is said to have about 60,000 members. (Town.)

2382 I should be pleased to give up my Lodge unless rates were raised to 5s. per annum and wage limit fixed. I should like to see similar clubs abolished, including this. (Town: North Lancashire.)

2385 (Abstract) Four shillings is an unfair rate of remuneration, even in the case of properly-selected young adult members, who are not likely to be ill often, or to remain ill long. In their case, the sum for annual attendance should be at least 10s. It must be remembered that the present rates were fixed early in the last century. Then the medical profession had not such advantages to offer as now—for example, anaesthetics, antiseptic treatment, the use of antitoxins, etc. Then, not as now, the workmen were poor, oppressed, crowded into a few industries whence they gained a precarious livelihood. Then there were no railways, no great industrial enterprises, and the rates fixed by the medical profession of those days, and which have never been revised, partook rather of the nature of an act of charity than an actual remuneration for services given.

Now the whole conditions have altered. It is no longer the medical man that is the dispenser of charity, but rather the workmen, highly prosperous, to the medical man. For many years it has been the Friendly Society who has dictated, and the medical man who has had to accept terms. This is still, in large degree, the case, although the medical man has to give to the member of a Friendly Society vastly more than he did fifty years ago. (North of England.)

2386 (Abstract) Quite recently I attended a member who was far too proud to call on his club during an illness and obtain his sick pay, but he had no compunction in receiving the medical attendance gratis. I sent him in an account, which he promptly refused to pay. (Town: North Suffolk.)

2387 (Abstract).....Provident Medical Aid Society almost a charity. Returns small, but enables deserving poor to receive attendance without being pauperized. Enables practitioners to refuse attendance on people who obviously will be unable to pay bills. Insist on such people joining Society before attending them. (Town: Staffs.)

2390 (Abstract) I decline to take women at any price, and insist upon juveniles paying the same as adults. "Private clubs" are most undesirable, and attendance on them should be considered "infamous conduct." (Town: Wilts.)

2397 There is much to be said for medical insurance among weekly wage earners; but the scale of payment is considerably too low for professional services and medicines, and should be checked by the imposition of a small fee for every visit and consultation and medicine, to avoid superfluous calls upon a medical man's services. Night calls, special day visits, and consultations out of surgery hours, should be extras, in the same way that midwifery, operations, anaesthetics, vaccination, tooth extraction, and all certificates are, or should be, extras. (Village: South Wales.)

2399 (Abstract) Two practitioners in the neighbourhood wrote tendering lower prices, which were in each case declined by both clubs without referring the matter to us. (Town: Kent.)

2409 The medical men in this district combined, and the clubs we have pay us 5s. per annum per member. The other clubs formed a medical aid association and imported two blacklegs at about $\frac{1}{2}$ d. (halfpenny) per week per member, including women and juveniles.

I should like to see them swamped and it made impossible for medical men to take these cutting associations. (Town: Yorkshire.)

2412 I have held repeated conversations with the leaders of different societies, and find them all prepared to give a "rise" in subscription. Diphtheria antitoxic treatment is what appealed to them best as an example of how expenses of treatment have increased.

It is to be hoped that this investigation will lead to combined action, and not merely used as "statistical results." (Town: South Wales.)

2415 (Abstract) I believe that nothing can better our condition

short of a limit below which it will be considered by the General Medical Council "infamous conduct in a professional respect" for any man to give his services either for family, or private clubs, or to Friendly Societies. There is one medical man in this district who would "take on my clubs" for even less than I get, if they consented. (Town: Notts.)

2425 If there were better combination amongst medical men, many if not all the above improvements would take place. Women and children's clubs should be entirely done away with, as they lead to "sweating" medical men, especially in this district, where the fee is 2s. per annum. (Town: North Lancs.)

2438 (Abstract) Practically we have no friction with the Society, and our relations are quite pleasant and friendly. Some years ago my colleague and I sent a joint communication to the Lodge, pointing out that our remuneration was rather small—at that time it was by a lump sum which worked out at rather less than 2s. per member. The Lodge promptly replied by raising it to 2s. 6d. per member. The 2s. 6d. is for attendance only. The patient pays for his medicines otherwise. (Town: North Scotland.)

2446 (Abstract) This medical aid business is a necessary evil; *infra dig.* on my part to do the work; the work is hard for the amount paid, but it helps to pay the rent, and if I gave it up, somebody else would take it on. (Town: Cornwall.)

2453 I consider that the members should pay into their Club funds, and the doctor should be paid for work done from those funds, on a scale of charges fixed by the Club. Any doctor who agrees to accept this scale of fees should be eligible to be employed, but there should be no definite appointment. (Town: Worc.)

2454 (Abstract) If any dispute arises between myself and my committee, I find that the noisiest advocates of medical reform are the most eager in trying to get inside me in their good graces.

I attend no women or children as club patients, except for accidents, or unless they work as "pit-brow lasses," when I attend about forty to fifty for both accident and sickness. (Town: Lancs.)

2466 I believe there should be a wage limit for club or contract patients. In this colliery district every one pays fortnightly to some doctor or other except the tradespeople, clergy, and professional men, and colliery or works managers and foremen. It would be difficult to fix a wage limit here. One can only separate into classes—for example, (1) miners; (2) foremen and managers; (3) tradesmen.

Some miners' families in this district (say four adult workers in the family) have an income of from £10 to £15 fortnightly, and yet only pay 9d. per fortnight like the single householder. It is optional for the former to pay more than 9d., sometimes a son may pay an additional fortnightly subscription (but this is not usual), yet being miners, you could not ask them to be private patients. Hence in this class a wage limit would hardly work.

In the colliery districts in county Durham, "club" or "subscription practice" has prevailed, almost exclusively, for fifty years at least—in some districts longer. I am not aware that in any colliery district in this county any other form of practice obtains. In some places the rates paid are somewhat different from those I have given: 6d. per fortnight is still the general all-round rate in a few districts (family and single subscribers paying the same). In a few districts (Consett) every workman pays a subscription to the doctor (adults 6d., non-adults 3d. per fortnight). Usually, however, in other districts only the head of the house pays, or occasionally the eldest son in addition.

The miner has become so used to paying his fortnightly subscription to the doctor at the pay-week end that he would take badly with private practice. He has a horror of doctor's bills. I am almost convinced that private practice would be a failure among miners. There would be no getting one's bills paid; and as there is a considerable floating population among them (say 10 to 15 per cent.) the loss in bad debts from this cause alone would be considerable.

A change to private work would doubtless give the doctor less visiting, but the gross receipts would also seriously decline. Much more money would be spent

in the chemist's in "self-doctoring" than is the case at present.

From a fifteen years' experience of colliery practice I have no hesitation in stating that the club or subscription method of payment (at the present rate of 9d. per fortnight per household) is the best for the miner and best for the miners' doctor. I am perfectly satisfied with it, and would strongly resist any change of system, so long, at any rate, as the present scale of subscriptions obtains. The fortnightly payments insure the doctor a steady cash income (which he can count on year in and year out), a freedom from bad debts, etc., and though frequently he is hard pressed with work—for example, in winter, or during epidemics, yet during the summer months he is comparatively easy wrought, while his fortnightly income continues the same.

The advantages to his clientèle, who are principally of the working class and not blessed with much medical knowledge, is worthy of mention, and I believe saves them much worry and anxiety. The doctor is also benefited and his work lessened by being called promptly in times of sickness, and by every effort he makes to prevent disease among his clientèle, or to instruct them how to deal with the many minor complaints which form the bulk of his daily work.

2473 As "unity is strength" therein lies our great weakness, and we shall never get any real reform unless all doctors in every district unite in these Club matters—then everything would be easy. (Town: Leicestershire.)

2484 I think the really effective way to get rid of the abuse of Club practice is to have it made penal for medical men to engage in such practice, such enactment, of course, not to apply to present holders of such appointments. (Town: North Scotland.)

2487 As I am of opinion that medical men should not dispense except in rural districts where no druggists are available, I think it would be well for Clubs to pay their own dispenser. An additional levy of 4d. to 6d. a quarter per member might be made for medicine, and could be paid directly to the chemist who dispenses the drugs, or to the doctors who make up their own medicines.

There is too much tendency for medical men to degenerate into mere mixers of drugs, and this I would endeavour to counteract. (N. Liverpool.)

2481 I am strongly in favour of Professor Horsley's town dispensary scheme, which disallows "one man" Club practice altogether, and in which all resident members of the British Medical Association could participate. The patients choose their own doctor. (Town: Kent.)

2485 There are fortunately very few Friendly Societies in this district. In my club the number of members is so small that I am paid £2 per quarter, because they think that is the smallest amount I ought to have. I stipulated that the 2s. 6d. per head paid to me should not include accidents and surgical cases; this was verbally agreed upon, but at any time I may be brought face to face with a long surgical case and have the unpleasantness of deciding whether I shall attend it and charge the patient privately. I think the smallest fee one ought to have is 4s. per head, to include sickness and accident.

Some years ago the railway men near here decided to have a club and asked me to be medical officer. They offered 2s. 6d. a head. I told them I would consider. I then got all the medicals here to agree to stand out for 4s. This was done, but another medical just outside the district accepted it at 2s. 6d., and somehow it got out that I was the mover of the 4s. idea, and I lost considerably amongst those men, in fact I have never got a good footing with them since.

2492 (Abstract) The four doctors in.....united last year and requested all the sick clubs to pay a 4s. rate, and twelve months' notice was given through the secretary of the.....Medical Guild. All the clubs refused except the Rechabites, and united to bring a doctor in to do the work at the 2s. 6d. rate. This man they got by advertising. (Town: Lancs.)

2507 In town I would reduce the three-mile limit of attendance; three miles in a large town takes more time than the same distance in country. (Town: Scotland.)

2517 (Abstract) I am convinced that the fault lies with the medical men, as, if they unanimously asked for a better rate, the clubs would give it; but when so many medical men canvass and do everything in their power to get these appointments, the club members are under the

impression their appointment must be a very valuable one, and become quite arrogant in consequence.

(Town: Yorkshire.)

2519 (Abstract) My salary from my various societies is almost a quarter of my total income, and I should like to say that I feel sure the work done in connexion with the societies is nothing like a quarter of my total work.

(Town: Devonshire.)

2542 (Abstract) I am of opinion that a club of some character is absolutely indispensable in this district, but I am totally opposed to private medical clubs, and I think that no special man should be appointed for a Friendly Society, but so long as a man was willing to act, the members should have the opportunity of going to whatever medical man they liked, etc.

I would be a party to any agreement which was considered by the local men to be necessary for the general welfare or to improve the status of general practitioners.

(Essex.)

2543 I am well satisfied with my Society, as my Committee uphold me in every respect. I am very careful in admitting members, consequently I get very few "chronic cases." I know of many instances where medical officers are slack in admitting members, consequently they give much trouble afterwards.

The majority of my members are bona fide working men, and when they are ill I treat them as private patients and get them well as soon as possible, and it pays me well.

(Town: Kent.)

2547 The sole reason why medical men nowadays take to do with Friendly Societies is to feed their private practice. It gives a newcomer and a young man a start and an introduction to families.

So that the expenses practically eat up most of the profit, but yet for above reasons they are eagerly sought after. I speak from eighteen years' experience.

(Renfrewshire.)

2552 I hold the appointment of medical attendant to the workmen of a quarry (about 500). Married men pay 3½d. per week, and 10s. 6d. extra for midwifery, attendance, and medicine supplied to all the family up to 15 years of age. Single men pay 2d. per week.

I consider the pay inadequate; married men should pay at least 4½d. per week, and single men should pay 3d. per week.

I believe that club patients pay about one-fourth of what private patients pay in my district for work done to them and medicine supplied.

I have applied for an advance of one penny per week, but was refused on the ground that other medical men were willing to give their service cheaper. And so long as we are unfaithful to each other, this sweating system will last.

2555 1. (a) The rates are better than most districts, owing to the local doctors combining and our district not being sufficiently populous to start a Medical Aid. At..... where the doctors tried to raise rates, a Medical Aid was at once started, and they had no difficulty in obtaining a medical officer; 8s. would probably be a remunerative rate. A four-mile radius means long journeys, but I am parish doctor for similar area, and the two offices work together. I prefer the parish work, which is the better paid of the two.

2. Very difficult to carry out, but we certainly have a few members who could well afford to pay ordinary fees.

3. No, not specially in this district; we get on affably. In thinly-populated districts, if medical men would only combine and drop mutual jealousies, fee might often be raised. In more populous districts there is always the fear of societies combining and engaging a medical man to attend them only, and this is easily done on an income of about £300, which is much better than dispensary practice in Ireland or Poor-law in Scotland.

(Village: Oxon.)

2569 (Abstract) We agreed not to admit any more members to our private clubs for these reasons:

(i) That it is only the thrifty persons who would in the ordinary way pay their bills who join a private club.

(ii) The bad payers will not join a club.

(iii) That women are, as a rule, always ailing, and when they belong to a club are sending for the doctor or for medicine all the year round.

(iv) This also applies to children.

- (v) That we were satisfied private clubs did not pay.
(vi) That it is unprofessional to carry on a private club.
(Town: Kent.)
- 2571 A few years ago I was asked to say if I would attend female members, and at what rate. I replied that I would have nothing to do with them, and, as far as I know, I have lost one family in consequence.
A similar form to this was sent to my partner, but of course his replies were similar to mine.
- 2573 The National Deposit Friendly Society pay the doctor every month—and there are no bad debts. You do not feel that you are being imposed upon by the members—the more that come the merrier!—and there are no disputes and a feeling which many club members have that they are not “taking it out of the doctor” enough if they are not poorly and getting bottles of medicine!
(Town: Lincolnshire.)
- 2575 (Abstract) It should be distinctly understood that special work such as “eyes” should not be included in the rates. I have had complaints of patients whom I have referred to specialists or Eye and Ear Hospital.
(Town: Yorkshire.)
- 2601 (1) 2s. 6d. to be paid on examination to see if candidate is a fit subject to join the Society.
(2) No country members to obtain advice unless they pay a fee.
(3) No dentistry work allowed by medical man.
(4) Night visits to be paid double fee.
(5) Only those residing within 3 miles to receive club doctor's attendance.
(6) If consultations required with another medical man at club patient's request, he to pay the club doctor's consultation fee.
(Town: South Scotland.)
- 2603 Contract work as it is should be abolished, and, instead, these lodges should pay a medical man an annual fee of so much a head, in consideration of which the doctor should attend when necessary and charge for every attendance, but only a very small fee. This would abolish a vast amount of unnecessary work.
(Town: East Yorks.)
- 2614 (Abstract) Generally speaking, my relations with the club are, and have always been, of the most pleasant kind. I consider I am quite fairly paid for an average year's work. I have no doubt whatever that if I should request an increase I could get it. I should be inclined to resent any interference by the British Medical Association or any other body between me and my clients.
(Town: North Lanes.)
- 2615 The Society I am medical officer to were asked by a rival practitioner to transfer their work to him for an average price of 1s. 6d. per head per annum. They remained steadfast to me, hence I promised to support them, and on this account I have been obliged to relinquish my membership of the Guild, which drew up a rule barring out females and juveniles from contract practice.
(Town: Lanes.)
- 2622 I believe that if the rate and wage limit were to be fixed by the Local Branch of the British Medical Association, it would be in the interests of the profession.
(Town: Hants.)
- 2627 In my opinion, there is too much “touting” for club work by certain practitioners. One medical man here does club work at 2s. 6d. per annum, and would even go lower still if the club wished it, rather than lose it.
(Town: Lanes.)
- 2633 (Abstract) I have only to add that I have carefully studied the club question at rates such as they were paying down here—4s. 4d. per member per annum, to include everything, visits, day and night, drugs, dressings, chloroform operations, etc.—and have come to the conclusion that the club members are people as a rule to pass by on the other side, and give to their doctor many kicks but few ha'pence.
My partner and self held nearly two-thirds of all clubs in the place. We all gave up our clubs in this town, and I can safely say we are (that is, my partner and self) much better off than when we held them. They were run at a great loss, and gave much more trouble than private patients. Many of our old club members are now private patients and pay 3s. 6d. per visit.
(Town:)
- 2636 The reason why the club doctor is treated to the scant courtesy and contempt complained of by one of your members in the JOURNAL a few weeks back, is this: They will not realize that a man may have quite as big a pain,

- or cough, be he a club man or a private patient, and should have exactly the same care. Instead of that, what happens? The cheapest stock mixtures are put up, the grossest carelessness is shown in diagnosis, and they are treated in the surgery with the scantest ceremony. If the medicos consider that they cannot do justice to the club-men at the figure, then I consider it is a disgrace to take on the work. There is one point I would like to draw attention to in most club rules—that is about the surgical dressings; I have had a little trouble with my club over that point. I said I could not supply gauze, splints, bandages, and possibly wooden legs at 4s. I would willingly put them on for them and would charge them cost price; nor would I draw teeth on the contract, as the mess of cleaning the cuspidore, etc., did not pay me. I charge 1s.
(Town: Cheshire.)
- 2642 (Abstract) I believe the burden of practitioners would be enormously lightened, and the treatment of patients decidedly improved, if club doctors prescribed only (the great majority cannot afford a dispenser) and the patients obtained their medicines at their own cost at any druggist's. The honour and dignity of the profession would then be saved from the fate which is awaiting, if it has, alas! not already overtaken it.
(Liverpool.)
- 2666 In a town like this it would be difficult to do without contracts with Friendly Societies, and in increasing fees we must be careful to avoid driving the Societies into Medical Aid Associations (one of which already exists here) till it is made infamous in a professional respect to act as medical officer to such associations.
(Town: Lanes.)
- 2667 (Abstract) At the same time, if medical men in private practice refuse to take club work it would with the present state of medical organization encourage the “medical aid societies.”
(Town: Yorkshire.)
- 2674 To a country practitioner, and especially one who has a Poor-law appointment, I consider that a private club is absolutely necessary, and he can by this club do much more good, and stop pauperization, than by any other means I know.
I shall be willing to give practical experience and details of this if you consider it necessary.
(Town: Hunts.)
- 2678 The unfortunate difficulty is the want of professional honour amongst medical men in applying for any club at any rate when a neighbouring medico resigns it in the hopes of obtaining more reasonable fees for his work.
Men in the town will go out miles into the country for 1d. a week, hoping to pick up some chance practice at the country practitioner's expense. Such practice is not confined to the small fry.
(Somerset.)
- 2683 Combined action for limiting the hours of labour of the general practitioner is very desirable. Only urgent cases should be seen Sundays and public holidays, and after or before ordinary working hours, for club patients especially.
(Liverpool.)
- 2689 I am of opinion that a minimum rate should be fixed for contract practice by the Medical Council, and that no medical man should be permitted to accept less.
(Liverpool.)
- 2690 (Abstract) This district has a certain population of extremely poor people with large families. A large amount of beer-drinking goes on which nothing influences. A well-organized club is a blessing to such, and does not lower professional standing.
Such clubs are open to grave abuse. There should be an agreement as to rules between practitioners of a district.
(Town: Cambs.)
- 2694 In answer to this important investigation I prefer to reply in my own way.
I am, and ever have been since starting practice, doctor to three clubs of working men belonging to the Orders registered under the Friendly Societies Acts. I have no private clubs and no connexion with so-called “Medical Aid Societies.”
I get on fairly well with my clubs and have a strong feeling that all working men should join those great Friendly Societies as being an insurance in days of sickness. Moreover, it is the fairest way for the doctor, who simply insures the men and takes his risk. Many men are never sick, some often so. The doctor takes his risk. Above all, when a man has a long illness the doctor either gets nothing, or too small a fee, or if he be a hard-hearted, cold-blooded man extorts from poor

persons money which ought to be spent on food, wine, or change of air. Therefore, I approve of clubs in every way.

But the remuneration is too small. To fix a minimum is impossible. Local circumstances, distance from patients, whether or not medicine is supplied, whether or not there is much surgery requiring lint, carbolic oil, dressings, etc., etc., all those conditions vary so much that it is impossible to fix a minimum sum.

Moreover, a wage limit is absurd. A millionaire has a right in every way to join a club for, say, 2s. or 2s. 6d. per annum. I think him mean to do so, but he is simply standing on his rights.

Seeing, therefore, that no minimum can be fixed, and that all men have a right to join clubs, my view is that a conference between the representatives of the great Friendly Societies (Foresters, Oddfellows, Gardeners, Shepherds, etc.) with accredited leaders of our profession would result in good.

Speaking generally, and subject to the above statements, I am of opinion that a working man who pays 1d. per week, or in round numbers 5s. per annum for attendance and medicine for himself, is equitably treated.

In all collieries (or, at least, all I know of) the usual thing is 6d. per fortnight for man, wife, and family (exclusive of midwifery and teeth extraction); this seems to work tolerably well.

- 2711 I think the system of club practice the only method for mining districts, but think that the subscription should be raised 50 per cent., that is, 9d. per fortnight instead of 6d. per fortnight as at present here.

(Town: Durham.)

- 2719 I think it most desirable a better understanding and combination should exist amongst medical men; if that could be done, the whole club question could be readily settled. Better remuneration, exclusion of men whose financial condition should make them ineligible for membership, etc. The concessions we have got here have only been come to after a deliberate stand on my part, supported most loyally by my neighbours. A new medical man was imported, but, seeing the situation, disappeared.

(Town: Herefordshire.)

- 2780 I think in cases like mine, where a man is endeavouring to raise club fees, any medical man who steps in and undercuts ought to be made guilty of infamous conduct in a professional sense and struck off the rolls.

(Country: Lancs.)

- 2795 Work could be very much lessened if each member had to pay 2s. 6d. or some smaller sum to his lodge upon first consulting or calling in the doctor. This would avoid the "dropping in for a bottle," "thought I'd call as I was passing," state of affairs.

(Town: Yorkshire.)

- 2796 In my case nearly all the men pay me in addition 13s. per year at their works, which, of course, includes families, and in my case 2s. 6d. more if in a second Society. Still, there are many who escape with 2s. 6d. per year, and take very much more out of me. I don't blame the societies, we have only ourselves to thank for it.

(Town: Scotland.)

- 2801 I think that for the sake of the poorer classes, "breaking clubs" should be abolished; that Friendly Societies should pay a small fee for the examination of candidates, but that they should have nothing else to do with the profession, except receive any certificates required (for which they should pay). In my opinion the most satisfactory form of contract practice is the private club; one can accept those who really cannot pay full fees, and can refuse those who can afford to pay properly, and there is no committee to trouble one.

(Town: West Somerset.)

- 2807 I have three colliery clubs with probably 250 to 300 men. Heads of families pay 8d. per fortnight, sons over 18 years of age 4d. per fortnight. The money is kept off the wages bill at the various colliery offices. Confinements (where members have been paying in at least for nine months) 10s., otherwise 15s. or 30s.

There is no compulsion as to members joining the club, and I retain the right of refusing to have a workman enter, or rejecting him afterwards for any reason I may think right and proper.

The contract is individually, not collectively, between

the members and myself. A movement was made by the members of the Miners' Union two years ago to get this arrangement altered, and a new medical man was introduced, but he only remained three months, the majority of the men at that time paying to both of us.

Shilling for tooth extraction is supposed to be paid, but it is as often omitted as paid. The same may be said with regard to the signing of certificates, which is fixed at 6d., but seldom paid. I daresay, I have myself to blame for that in a great measure.

Operations, except minor ones, generally go to an infirmary. Attendance on accidents and injuries sustained by men at work is paid for by the employers. The contract can be terminated by either side by a fortnight's notice.

There are several Friendly Societies represented in this neighbourhood, besides local sick clubs, but medical attendance is not provided for by any of them in this locality. I do not think there is any further information which I could give you that could be helpful in the investigation, and as you will see I have not replied categorically to the questions, as they hardly apply in my case.

(Town: Northumberland.)

- 2818 Ten practitioners kept during 1903 (a year of little sickness) a register of attendances on club patients.

The total amount received in fees was £1,077.

The vast majority of fees paid was 4s. 4d. per annum, others paid 5s. and a few 6s.

No particulars were ascertained of the exact number of members, their ages, etc. They were probably about 5,000.

During the year 5,051 visits were made, and 13,717 consultations and "repeat medicines."

If the total (£1,077) is halved, and one-half taken for visits and the other for consultations, etc., it works out at 2s. 1d. per visit and 9½d. per consultation.

Taking visits and consultations as a total, the fee received was 1s. 1½d. each.

As this year was free from epidemics and characterized as a very slack one for doctors, we can rely on giving each member at least one visit and three consultations per annum on ordinary years. Calculating this at ordinary fees, it equals 10s. per annum.

I therefore think the least annual fee should be 7s. 6d. or 8s. per member.

The full report of the Committee was published in the BRITISH MEDICAL JOURNAL in 1903, or latter part of 1902.

There is a very variable feeling in the local profession on the club question. Many are unwilling to give up clubs because they fear others will take them. The greatest obstacle to any progress is the monopoly of those who have the present appointments. They have a large number of members and do the work very perfunctorily, and cannot yet be got to realize that they would earn more by attending them properly as private patients.

- 2824 I consider that a fixed scale of charges similar to the above or to that of the National Deposit Friendly Society is much preferable to the contract system. A member can then go to what medical man he likes (as most medical men will undertake the duties); he is likely to get more careful treatment; and, further, no particular medical man has a monopoly. It is an abuse that many men of superior position and means, well able to pay a doctor's fees, are members of clubs; but when they first joined they may, of course, have had slender means, and later, naturally expect to reap the benefit of their premiums.

(Town: Surrey.)

- 2849 I think that the most satisfactory solution of the club difficulty has been reached by the National Deposit Friendly Society. The Society pays the doctor according to a scale, a certain sum for every visit, etc., and the better-class club patient who pays contributions for a higher sum per week in case of illness also pays a higher contribution for doctor.

(Town: Worcester.)

- 2853 (Abstract) I also refuse to admit the children of men who owed me for past medical attendance.

Clubs are, I believe, often composed of men who owe the medical men money and enter with the idea of getting medical attendance for a few shillings per annum while still owing as many pounds.

The medical officer, in my opinion, ought always to have the right of refusing to attend in these circumstances.

(Town: Hants.)

2867 Owing to the fact that in two cases, viz., and, the Lodge Meeting is $4\frac{1}{2}$ and 4 miles distant from my house, and that the rules of the Societies say that a medical officer is to attend any member who sends for him at a distance of 3 miles from such club-house, I have occasionally to attend 7 miles for a fee of less than 1d. per week.

The rule which says that no member who is injured when drunk shall receive any benefit is systematically broken, and unfortunately it does not pay to enforce payment for attendance through the county court.

(Town: Stafford.)

2871 Only one Club (Rechabites), to which the four practitioners were appointed and commenced duty on January 1st, 1904, at 4s. per head. This was the outcome of fighting the battle of Clubs here—and the several societies combined and engaged a stranger at the old price, 2s. 6d.

(Town: Lancs.)

2873 An experience of over 42 years has convinced me that ordinary wage earners of 12s. a week should pay 4s. yearly.

A sliding scale should be adopted up to earners of £2 a week, who should pay 10s. yearly.

No person with an income of £200 a year or upwards should be allowed to contract for medical attendance, except on altogether different terms.

That a small charge should be made for calls after 7 p.m. and a 5s. charge for calls from 10 p.m. to 8 a.m.

N.B.—My gross receipts from all Clubs amount to £50 17s. 8d., and my total income from practice, including Poor Law, is over £800, yet I believe that, excluding midwifery, I had more night calls from Club patients than from all my other patients, and the majority of those calls happen after 11 p.m., when the public-houses close, and are mostly unnecessary.

2876 In my own clubs and similar ones, the medical officer is (from my own experience) liable to be imposed upon and cheated. The members are of two classes—assurance members with or without medical attendance. I have had cases call upon me when only assurance members. I began by pointing out their mistake on the first consultation; they as a rule did not return when they found I made a charge. Now I do not enlighten them, but attend for the illness, then in due course I send my bill, which has always been paid. Many of such members have told me that they have received professional attendance and medicine free from their previous medical officer. I may say this has been confined to the juvenile or cadet section. A parent will bring a child, present its contribution card, and inform one that it is a "cadet." The "insurance card" and that for medical attendance are alike, so that at a glance one cannot tell without examining it carefully what amount of contribution is paid.

On my appointment, the secretary told me I was entitled to charge for assurance members only. It is the member who tries to impose on the medical officer.

As regards Question 7 *re* "married women," I was asked a few months ago by my club to take married women. I consulted our local Medico-Ethical Society. I objected to take them, and asked our Society to protect me by asking the members not to accept my club if they gave me notice to resign and advertised for another man who would accept them. The result was the following "urgency resolution" was passed:—"That no member of the Medico-Ethical Society shall contract to attend a Club the membership of which included married women." The above was confirmed recently at the annual meeting of the Society.

(Town: Lancashire.)

2879 (Abstract) The anxiety of young medical men to obtain work and the lack of *esprit de corps* between the mural and extramural members of the profession have given the working man a swollen idea of the value of his club, though he never disguises his real opinion of the club doctor in overlooking his existence when seeking professional attendance privately for other members of his family. My candid experience is that it paid me to lose my clubs. Contract medical work is unsatisfactory under almost any circumstances, and the duty of the British Medical Association is undoubtedly to make it only possible by fixing a universal standard of remuneration which will impress the contracting parties on both sides as a genuine and serious matter of business.

(Town: Scotland.)

2880 One member of the above club recently made a contract for work amounting to £10,000 to be executed in twelve months.

I have had to attend him for 4s. a year. (Liverpool.)

2885 1. I consider all the fees too low. In my own case some of the workmen are earning from £1 to £3 weekly. The scale of subscriptions ought to be:

Wages, 20s. a week.—1s. a month medical fund.

" 25s. " 1s. 3d. " " "

" 30s. " 1s. 6d. " " "

" 35s. " 1s. 9d. " " "

" 40s. " 2s. 0d. " " "

And so on; 3d. per month additional for every additional 5s. a week additional wages.

3. Yes. Especially the gross injustice of the medical officer having to attend the "office staff" and some members of the management for nothing (as in my own case) in consideration of the cashier's few hours' annual work in deducting the amounts towards the medical fund from the workmen's wages! (Village: Glos.)

2888 (Abstract) In my opinion contract work cannot be abolished, but the present system is wholly unsatisfactory.

Either there should be a payment for work done on the lines of the National Deposit Society, or the rate of payment should be accurately worked out to correspond with the average sickness. I believe that sick pay averages about 1.7 weeks per member; to this there must be added the enormous amount of surgery work not included under sick pay. (Town: Wilts.)

2896 In the event of an outside practitioner being in attendance on a Society patient, the Society surgeon should not be compelled to visit that patient and sign certificates, and in these circumstances the certificates of the doctor in attendance should be accepted for all purposes of sick benefit or otherwise. (Town: Scotland.)

2898 I should like a scale of fees to be fixed throughout the kingdom. (Town: Yorkshire.)

2902 In this Society we have a high rate of illness. Last year over 41 per cent. were ill and off work more than three days. Many more consult us who are not off work, and also get medicine. *Vide* table, page 13 of the enclosed pamphlet. The illness in 1897 was as high as 58.15 per cent.—that, is of those who were ill more than three days.

I have to examine annually from 160 to 180 of the men, as there are many changes. That is why we got the 5s. fee. It originally was 4s. 4d. (Town: Scotland.)

2909 Think it is high time something was done to improve or do away with club practice. (Town: Yorkshire.)

2910 (Abstract) A sick club which would work on proper lines, to my thinking, would be one where the members contribute any given sum, and were allowed to send for the patient's own doctor when desired, the Society paying his bill at ordinary rates.

There is one trade accident club in the town (at the run on these lines. Patients get their own doctor, and his bill is paid by the Society. The men themselves impose a wage limit (note this). We all find it satisfactory. (Town: Lancs.)

2913 I certainly think 3s. per annum very little remuneration, no fee for entrance examination and no extra for fractures. In my Society, however, there are 380 on the books, but nearly half are either living out of the district or contribute to two doctors. (Town: Yorkshire.)

2924 (Abstract) With reference to III (3) an attempt was made at the beginning of this year to bring in another man and oust me by a certain clique in the club; and accusations of neglect and so forth were trumped up. I called a special meeting of the club and had it out, with the result that the promoters were censured, and the resolution passed at a previous packed meeting, which I found had been irregularly summoned, was quashed, and finally a vote of confidence in the club surgeon was unanimously passed, even the malcontents voting.

I am convinced that the medical profession, if the individual members only realized it, have it in their power to compel the Friendly and other Societies to offer proper remuneration for their services.

(Town: Essex.)

2928 I consider the Oddfellows and such Societies are a serious menace to the medical profession at large, the membership of these societies is rapidly increasing, and they consist largely of the well-to-do tradespeople who could well afford to pay proper fees; it is impossible to work

them except at a considerable loss, yet in country places one is compelled to do so. Protection in some form is greatly needed.
(Village: North Lanes.)

- 2930 (Abstract) I charge 1s. extra to club patients for a visit if they send after 11.30 in the morning and 2s. 6d. if they send after 10 p.m.

I will not take women, nor boys under 7. I take juveniles—7 to 16—because if they are much trouble I will not pass them into the adult lodge; it is a guide as to future possibilities.

I have one man among my club patients who made a profit of £30,000 on a public-house, and who owns acres of houses in this district.

Another man is architect and surveyor, with an income of about £300 per annum.

Another is a jeweller in a good business.

These men value their doctor at 1d. per week, not the price of a decent cigarette, numbers of which they consume daily.

- 2939 (Abstract) The rule for alcoholic stimulants is an irritating one.

That for "sending" medicine is an absolute dead letter here, as is also the "two-hour" limit for attendance at the receipt of message.

(Town: Northamptonshire.)

- 2944 I may mention that I was, before I came here, the medical officer to a.....club with a varying membership of 750, for which I was paid at the rate of 4s. for every member on the books during the year. I kept a strict account of the work done for three consecutive years (one year comprising a very bad epidemic of influenza, about 1890), and averaging the attendance for those three years I was well in pocket, the influenza year about balancing itself. Many members were in other clubs as well as in the club referred to.

(Town: Stafford.)

- 2947 Owing to competition, short-sighted policy, and a want of friendly understanding between the medical men in....., the fees paid into the medical clubs, of which there are an immense number, are ridiculously low, for example:

Workmen employed at.....pay weekly about 3s. per cent., or 2d. Women's and children's club pay 2d., 2s. per cent. of which goes to collector. I have no doubt a large number of Messrs.....'s workmen make from £2 to £4 a week. To show the multiplicity of clubs, I came across a family which through its various members was connected with eight doctors' clubs, and to show the value at which club doctors are held, when the only member of the family not in a club took ill, none of the club doctors were called in, but a private one. Imagine if the whole family had been rendered *hors de combat* simultaneously—and if the nine doctors had called at the same time!

I think signs of reaction are evident, and the medical men are pulling more together under the new conditions of the British Medical Association.

(Town: Lancs.)

- 2957 More definite rules should be drawn up defining the duties, etc., of the medical officer more clearly, and special rates should be allowed for exceptional cases, both medical as well as surgical.

(Town: South Wales.)

- 2960 In large towns and cities, so long as there are no restrictions on the class of individuals admitted to the medical benefits of Friendly Societies, there should be no organized attempt to increase the remuneration paid to the medical officers. Until there is a wage limit, or rent limit, the lowness of the remuneration of medical officers is the only safeguard which private practice has in competition with contract practice. Especially is this the case in the city, where there are a large number of men in circumstances above that of the working-class portion of the community who are members of Friendly Societies.

These men believe that for 2s. 6d. or 3s. a year a medical man cannot give them the attention they require, and as £1 or £2 in an odd year now and then is of no moment to them they employ a private practitioner. This should be encouraged, and if it is not done directly by means of a wage or rent limit, then let it be done indirectly by keeping down the remuneration of the medical officer by

competition among medical men themselves. There is no great hardship in this to medical officers of societies in large cities. There are many young men eager for these appointments at any figure (many attend children for 2s. per annum), because of the introduction they give to family practice—a point which ought to be remembered when considering the question of remuneration. In small working-class communities, where there are only a few medical men, and where practically every adult male is a member of a society, it would be quite right and just to divide the societies among the medical men and obtain as high remuneration as possible. But in cities you can get no real combination among medical men—they will always compete with each other for these appointments, no matter what the remuneration may be, and I therefore think that the Association should keep in view the interests of private practice by remembering that the less a Friendly Society pays its medical officer the less will its members take advantage of his services and will in preference employ a private practitioner.

(Town: Scotland.)

- 2968 I consider the arrangements of the National Deposit Friendly Society with the surgeon much more satisfactory than any other Friendly Society with which I am acquainted, although the fees are too low in most cases and require revision.

(Town: Cambridge.)

- 2970 (Abstract) There are, of course, a large number of members in these various clubs who have no right to be attended "on the cheap."

Here are one or two examples:—

A saddler who has private means—employs two men in his shop and farms 150 acres.

Several publicans—keepers of village inns.

A relieving officer—whose income must be £150 or more.

A number of small farmers—who farm 50 to 200 acres.

Blacksmiths, jeweller, and other small tradesmen.

(Town:)

- 2972 Medical men should bind themselves strongly together on the Club question and raise the Club fees to a proper professional status, with more definite terms for operations, night visits, etc., and strong and united pressure should be brought to bear on the status of members admitted for medical attendance.

(Town: North Lanes.)

- 2974 All the Societies here except the Hearts of Oak Society are held by one medical man.

Last year all the medical men gave notice to the different Societies that they could not further do the work at 2s. 6d. per head and struck for 4s. per head. The Societies held out and have got an outside medical man to come to the town and do the work at their terms. He has still got the Societies except the one I mentioned.

(Town: Lancs.)

- 2980 I am willing to co-operate with the rest of the profession for better terms. I would refuse these Societies here if my neighbours would not undersell me, but if I struck for better terms at least two of my neighbours would take them on.

(Town: Scotland.)

- 2986 I am strongly of opinion that if there were a combination of the medical men in this town the rates could be raised. The Society for which I act tried having a doctor for themselves, paying him £150 and midwifery fees, but it was not a success. There was a talk of the various Societies, of which there are too many here, combining and having, as they call it, a Club doctor, but so far I hear of nothing at present.

(Town: North Cumberland.)

- 2989 I am convinced that if we could only get unity amongst the medical men in this district we could demand a fee per member of 5s. and get it.

This is one of the most useful Clubs that can be, for it saves the honest poor from being paupers so far as medical aid is concerned and brings in to the country practitioner many a pound he would otherwise never get.

(Village: Somerset.)

- 2991 It is the 1 per cent. of the members that is never off the doorstep with "a cold," "the wind," "a gumboil," etc., that makes the Club work irritating; they are fellows who would not bother the doctor if they had to pay 3d.

- each attendance, but seem rather to think that for each quarterly contribution of one shilling they must get *each quarter* all they possibly can. (Town: Cheshire.)
- 3008 The great drawback in this district is the prevalence of family Clubs connected with the pits (won't have one) in which the medical men attend the whole family for all cases of sickness and accident for 2d. per week per family, *not per head*—an abominable price. (Village: W. Riding, Yorks.)
- 3017 There are some members of the ironworks Club who are earning from £250 to £350 per annum. If any attempt were made to exclude these from the benefits of the Club I should lose the lot. Some of these well-paid officials will occasionally see a consultant, and they have the impudence to bring their prescriptions to be dispensed by me. (North of England.)
- 3023 (Abstract) How can I regard these Societies with a friendly eye? It is impossible. They are large sweating societies so far as I am concerned. It may possibly be different in towns, but in the country all members of Friendly Societies are the recipients of charity (whatever their leaders may say to the contrary), and the members when *very* ill know and feel it, as they generally say: "Doctor, if there is anything extra to pay, etc., I hope you will spare no expense"—that is to say, you may neglect others, but don't neglect me. Daily neglect is unavoidable, however. There is only one real difficulty I can think of, and that is to guard against unnecessary visits being made. This could, I think, be easily done—by some small extra payment—say, "twopence" for every visit after a certain number in the year. This would act as a check, because in my experience most of my patients are very careful of their pence—and I am convinced that if they had even to pay a penny for every bottle of medicine I should have much less to do. I was talking recently to a friend, a very distinguished man, a Privy Councillor, on the subject, and he said there ought to be no difficulty in getting the Insurance Societies to insure people against doctors' accounts (for of course, a fixed scale of fees). I feel absolutely certain that the status of the general practitioner would be immensely increased by being paid for work done—and I am at a loss to understand why the National Deposit Friendly Society is so run down. If the fees are too small, then increase them. The system is undoubtedly correct.
- 3043 Clubs could be run on the lines of the National Deposit. (Town: Kent.)
- 3053 I consider that even at 4s. per annum I am much better paid for the amount of work I have to do for these clubs than I am paid by the Guardians for attendance on the paupers. My parish district is also much more extensive than my club district, and the work is more irksome in every way. I consider reform in parish doctor's pay more pressing than reform in club work. (Village: Essex.)
- 3068 (Abstract) Number of members ill during the year, 42. Number of days' illness, 1,500. Average sickness for the year, 8 days 11 hours. (Town: Wiltshire.)
- 3074 That the British Medical Association Medico-Political Committee should draw up model rules and regulations, etc., as to rates of pay, etc., and supply them to medical men on application at a reasonable charge. (Town: Leicestershire.)
- 3075 About two years ago the medical men here requested the clubs to pay 4s. per member adults, 2s. juveniles, instead of 3s. and 3s. 6d. adults, and 1s. 6d., 1s., and 6d. (!) juveniles, which they were then paying. The clubs refused and formed a medical aid society of their own, and succeeded in getting two qualified men to attend them. (Town: Durham.)
- 3079 In many cases a man may be in two or three clubs, consequently he is receiving as much or more when on the sick list than when at work. I do not see how this abuse is to be mitigated except by dropping contract practice altogether. (Town: Yorks.)
- 3085 I think everything depends on unity on the part of the profession; united we can dictate our own terms for contract practice; and as I believe there will never be voluntary unity, I think the only practical way of dealing with the matter is for the General Medical Council to draw up laws binding the profession to only take contract

(club) work at a fixed rate; making it "infamous conduct," etc., and punishable as such, to violate the law. (Village: Norfolk.)

- 3090 The question of wage limit as to amount is a difficult one; young men as apprentices join a society, then when they get on in the world can you turn them out? I find several members who have got on well refuse to be attended for the club, but not all. Men in business and employing others should not be attended as club patients. (Town: Norfolk.)
- 3092 (Abstract) I consider that every member should pay 6s. per annum, and that instead of fixing a wage limit there should be a sliding scale in which tradesmen who can well afford to pay more, and who are too numerous in the various Friendly Societies, should be made to pay according to rental. (Town: Gloucestershire.)
- 3103 There is this about clubs: one has no responsibility as to finance or management; the members wish to deal fairly; they have their own methods of doing business, are fully aware that other doctors will act if one resigns. Altogether, I seldom have cause to complain. (Town: Middlesex.)
- 3108 My general impressions of club practice are these, namely: That according to the number of patients it is surprising how few visits to their houses one gets. Most of the work is during consulting hours at the house. The patients for what they pay do not expect too much. That in serious diseases, such as pneumonia, etc., the patient is generally removed to hospital. Most of the patients belong to two or more societies. The greatest evil I know are juveniles. Instead of paying the ridiculously small sum of 2s. per member per annum, it ought to be at least 6s. I certainly think that night visits should be charged extra, although it is surprising how few night visits one gets from clubs. I think also that messages sent after 10 o'clock a.m. should be charged extra. Club patients are supposed to send by 10 a.m., but this rule is frequently transgressed. (Town:)
- 3115 When I asked for an increased rate I was met by the statement that a neighbouring practitioner had recently applied for the club, offering to do the work for the same rate or even less. I fear I must give it as my opinion that our chief foes are those of our own household. (London.)
- 3122 I consider Friendly Societies most useful organizations, which, to a great extent, supply what, in my opinion, is a want, viz., old-age pensions. If a medical officer keeps his place with members and office bearers, and is careful to admit none but healthy applicants, my experience is that the duties are very light and friendly relations are easily maintained, especially as healthy members mean increase in funds. (Town: Scotland.)
- 3146 I have stated my objection to a wage limit—that whilst it is in theory correct, yet that it is impracticable by reason of the opposition of the more powerful clubs, members, and the impossibility of applying it in consequence of the difficulty of determining the incomes of club. The remedy, to my mind, lies in the system of the National Deposit Friendly Society, which provides:—
1. A graduated payment to medical men, in accordance with the amount of sick benefit insured for.
2. Payment to medical men in proportion to the amount of work done, instead of a fixed annual payment. Another remedy lies in such an increase in the club rate of payment as will make club practice yield a living wage to the medical practitioner. That such a rate is possible is shown by the following considerations: That in England and Wales (excluding London) there are 27,991,302 inhabitants and 17,608 medical practitioners, or 1 in 1,549 inhabitants (the reason for excluding London is the large number of specialists and consultants there). Similar rates prevail for individual provincial towns, for example:—
- | | | |
|------------------------|------|-------------------------|
| Birmingham | has | 1 in 1,352 inhabitants. |
| Manchester and Salford | have | 1 in 1,580 " |
| Ipswich | has | 1 in 1,850 " |
| Sheffield | has | 1 in 1,929 " |
| Bradford | has | 1 in 1,943 " |
| Norwich | has | 1 in 1,995 " |

Taking, therefore, 1 in 1,600 as representing the proportion of medical men in general practice to inhabitants—and the above figures (inasmuch as no allowance is made for consultants and specialists) show that it is more probably 1 in 1,700 or 1 in 1,800—we arrive at the following conclusions that a rate per head for each man, woman, and child of

48.	would give	£320	per annum to each medical man.
58.	"	£400	" " "
63.	"	£480	" " "
78.	"	£560	" " "
83.	"	£640	" " "
93.	"	£720	" " "
103.	"	£800	" " "

On these figures is formed my opinion that a gradual levelling up of club rates would meet the requirements of the Association, though I think the National Deposit Friendly Society's plan the better alternative, but this involves the rearrangement of the entire club system.

(Town: South Suffolk.)

- 3151 I consider it an important condition that members and their families should pay a little for drugs supplied to them.

It often prevents the medical attendant from being sent for for trifles, and their medicine is not wasted as when they get it free. I am certain if I supplied drugs without charging for them I would have nearly double the amount of work to do.

(Town: Scotland.)

- 3220 1. Members should not be in benefit as regards medical attendance until the expiration of six months.

2. Chronic cases are put on reduced pay, but the doctor has more work and nothing extra; some extra allowance should be made for such cases.

3. The answer to question II (a) and (b) is based on three months' careful statistics, and the average age is very high in that lodge.

(Town: Durham.)

- 3224 (Abstract) Though assenting to III (2), I am not sure that it is desirable to attempt the suppression of such (private) clubs, as I believe the attempt would either fail or result in a large increase of the members of the Friendly Societies' clubs which, with the loose combination of the medical profession, it would be impossible to suppress.

(Town: Lancs.)

- 3225 (Abstract) I consider that the system of contract medical practice is greatly abused. It should be confined to working men only—or if women and children are admitted the rates should be much higher.

(Town: Yorkshire.)

- 3226 (Abstract) I do not consider club practice does so much harm as the numerous 6d. dispensaries.

As to the wage limit, I do not think there is much abuse of clubs from that cause in this neighbourhood, although there is some.

(Liverpool.)

- 3231 Either of two arrangements in actual work in this district would be more satisfactory both to the members and the medical officer, if generally adopted, than that of having the latter to supply medicine.

In one case, that of a large club whose members are widely scattered over the city and suburbs, the club arranges with several chemists to supply at a reduction of one-third of the current prices. In the other, a more local and smaller one, the club pays a chemist a fixed sum—one-third of that it pays its medical officer—per member per annum for the supply of medicine.

(Dublin.)

- 3246 The Friendly Societies, in my opinion, are doing a splendid work, and when the medical officer gives reasonable attention to the members, are very desirable appointments. By far the larger part of the work is done at home; 75 per cent. of the cases give little trouble; infectious cases are taken care of by the Metropolitan Asylums Board. The general hospitals are available where nursing is required, and incidentally the problem of old-age pensions is solved, as far as solution is possible, by these admirable organizations. They are worthy of all support by the medical profession.

This is a Society typical of many others in the district, so-called "Slate Clubs," mostly in connexion with chapels of various denominations. So far as medical relations go, they do not differ from the Registered Societies, but, for the members, they are very risky organizations indeed. If a member is often ill he is simply not re-elected at the annual meeting, and, as the surplus funds are divided up every December, it is easy to see

that no reserve fund is possible, and in old age, when sickness naturally increases, the Society collapses and the members find themselves with no sick pay, and that, too, at a period of life when no other Society will accept them (usually 45 years is the limit).

This system looks fairer, but is much the same as ordinary society work.

(London, W.)

- 3262 (Abstract) I have held club appointments for twelve years, and my chief grievance is that I am frequently called to attend members whose financial positions should put them above claiming a club doctor's services, and, moreover, when unpleasantness occurs it is invariably caused by such a member, who can calmly lay up while sweating the doctor.

(London, E.C.)

- 3275 (Abstract) I consider that there is no chance of increasing the rate paid to medical officers of Societies in this district, as there are medical men willing to accept 2s. 6d. per annum for adults.

Then the 3-mile limit, within which the members may require the attendance of the lodge surgeon, is too great. A radius of $1\frac{1}{2}$ miles is quite far enough. In practice, however, I find that members living at the extreme limit do not often employ the lodge surgeon.

(Town: Scotland.)

- 3277 (Abstract)

Three quarters: March to Dec., 1899 (averaged for a year).	Three quarters (actual figures).
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Estimated No. of members for year ...	861	No. of members ...	646
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Estimated No. of visits per member per annum ...	44	No. of visits with or without medicine ...	286
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Estimated No. of consultations per member per annum ...	7	No. of consultations ...	440
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Ten quarters: Jan., 1902, to June, 1904 (averaged for year).	Ten quarters (actual figures).
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Average No. of members for year ...	786	No. of members ...	1,965
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Average No. of visits per member per year ...	165	No. of visits ...	325
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Average No. of consultations per member per year ...	78	No. of consultations ...	1,552
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For eight quarters, fourth to eleventh, both inclusive, I have unfortunately no separate statistics as to visits and consultations, but I have estimated the proportions from my very accurate figures for the past ten quarters. It works out at 306 visits and 1,466 consultations for the eight quarters for 1,813 members.

For twenty-one quarters, then, I have dealt with 4,424 members and have received 4,424s.

I have paid 919 visits and held 3,458 consultations.

This works out at 2s. per visit with or without medicine, and nearly 9d. per consultation with or without medicine. There have been no bad debts.

Members were admitted without examination.

(Town: Middlesex.)

- 3283 I have carefully studied the question now for twelve years. From 1893 to 1896 I had 600 (nearly) club members under my care, paying me 2s. 6d. per head. On the average of those years each member required five attendances at the house or at my surgery—that is, 6d. per attendance including medicine. During these years I kept count of the visits and surgery consultations in my whole practice of £600 per annum gross average income. I allowed one bottle of medicine to each visit or surgery consultation; none of the work entailed visits beyond a 2-mile radius from my house. Midwifery, thirty cases per annum at 21s. In these years I found the cost to me was 1s. 1d. per attendance. My drug and bottle bill was one-sixth of total practice expenses. In those days I kept dispenser, horse and trap, and groom. I therefore lost 6d. at least on each club attendance. On this rate 5s. per head per annum would barely pay expenses. Putting 1s. per attendance as a reasonable profit for the medical attendant, a payment of 10s. per annum is required. But as quite half the attendance in contract practice are trivialities, I think 5s. per head per annum will afford a proper remuneration if trivialities can be excluded. Now, contract practice is another name for

bondage to both parties. The medical man is bound to attend any patient in the contract, and the patients are bound to go to a certain doctor if they are to benefit by their payments. No figures on a large scale are available either from

1. Medical men to show the actual cost of attendance.
2. The patients to show the amount of treatment required.

Sick payments are no guide, as they do not include the large proportion of trivialities.

A conclusion can only be attained by collective investigation, preferably by medical men themselves, as to the cost of work done.

For the future I am firmly determined to accept no form of contract work at any price. I am sure that the only satisfactory solution of the question will be found in the free recognition of the rottenness and injustice of the present system to both parties concerned.

I believe that in the National Deposit Friendly Society may be found the germs of a satisfactory and workable scheme. Medical practitioners in certain districts ought to combine and formulate tariffs for ordinary attendances and services, very much on the scales given in *Whitaker's Almanack*, p. 441. Then those who so desire should also combine and insure themselves against the payment of such charges, just as they would against death, sickness, fire, hailstorms or other disaster, adjusting their premiums to the amount of benefit they may desire. For example, a man who desires to insure against "medical attendances," charged at 2s. 6d. each, pays such and such a premium. For double that premium he may be insured against 5s. attendances, if a well-to-do man. The amount of the premium charged is a matter for the settlement of the insuring corporation and need not concern the medical man at all. Insuring Bodies, viz., Companies, Friendly Societies, and such-like, have, with actuarial aid, made a very exact calculation of necessary rates for deaths and other disasters in life. They then prolong their investigations and insure all classes of the public, adult male and female and children, against the risk of "doctors' bills." It is already done by some Insurance Companies, and the National Deposit Friendly Society go in the same direction. For the furtherance of such a scheme as I suggest, I am prepared to devote the same energy as I have seven years ago to the abolition of the "Club Contract System" here in To the revival of any system of contract work or medical slavery I should oppose all the powers I possess. My advice is, "Avoid contract work as you would the d—l." (Town: Cheshire.)

- 3309 (Abstract) "National Deposit Society." You will get numerous reports no doubt of this Society.

(a) I do not think that 1s. 6d. for consultation at surgery with medicine is enough; it should not be less than 2s. 6d.

(b) Shilling charge for interval visits—this is absurd—you only attend interval visits in serious cases—they should be at least 2s. 6d.

(c) The Society's scale of charges for operations is not precise enough, and I do not think this Branch is satisfactory. (Town: Notts.)

- 3316 (Abstract) In my opinion, the great source of trouble over Clubs is the internecine discord in the profession, some men being always found to accept any post, however poorly paid (save the mark), in the hope that it may:—

(1) Freeze some one else out.

(2) Lead to lucrative business.

(Village: Cambridge.)

- 3319 A member joins the Club, and does not get into benefit for some months, although the medical man has to attend him at once if necessary. (Village: Yorks.)

- 3323 I find that very often the members, at any rate many of them, expect to be treated and visited for every trifling ailment, for which, were they not in a Club, they would not think of applying for advice and medicine.

That since the existence of the Private Club, many of those well able to pay a bill are anxious to join if possible, they either pretend, or don't seem to consider, the difference in their respective position. Those who are members are in most cases in better circumstances now than they were when the Club was first started, and very many of them are generous enough to acknowledge this.

(Village: Devon.)

- 3327 The only obstacle in the way of the profession getting

proper treatment in the club or contract system is its own want of unanimity. Dr. Blank, round the corner, is always willing to "undercut" in club work as in vaccination—for example, one mark for 6d. In my opinion both could be best and immediately stopped by being created penal offences; until this is done these clubs can dictate and obtain their own terms in 99 cases out of 100.

(Town: Staffs.)

- 3329 I sincerely hope that the whole villainous system of contract medical practice may be abolished, and think the ideal system to be that every man, woman, and child in the kingdom should be entitled to insure against sickness by joining any society at suitable payments according to position, but the medical man to be kept out of it and to attend the patient at his ordinary or suitably-arranged rates, and then to send in his bill for work actually done to the society. Any medical man to be available to the patient who cares to accept the rates offered by the society.

(Town: Derbyshire.)

- 3330 In case of dressings or operations being required it would be a convenience if the medical officer could have an arrangement with the club to pay him satisfactorily an extra amount for these, instead of the patient having to go to a hospital.

Three miles is perhaps rather far to visit patients under the present system of pay.

The plan of making the fee 6s. a year for members earning under 35s. a week, and a sliding scale for members earning between 35s. and 45s. might meet the case.

On examination of candidates for the lodge, the medical officer should be paid for each examination by the candidate, say 2s. 6d. to 5s. for each examination.

(Town: Oxford.)

- 3333 The club fees are too low. Several thriving club men have told me in very plain words that they cannot understand why doctors put up with it. I know a man who has boasted to me more than once that he is doing a very "smart" thing in getting his medical attendance for a 1d. a week. This man is a very flourishing tradesman. . . . 4s. a year is bad enough for visiting those near. but those who live about three miles off get their medical attendance for the same rate; that is, I often have to go three miles each way to see club patients. It is mere charity—only, if I do charity, I prefer not to do it under obligation.

I do not think our profession will earn the respect due to them from uneducated people till an adequate fee is exacted for services rendered. Club patients are very exacting and frequently ungrateful. (On the other hand, of course the best of them are very nice. These are usually those who are paying about what they can and ought to pay. For myself, I enjoy going to see such as these—even for next-to-nothing in fees.) As an instance, a well-dressed, prosperous man, who is in charge of the electric lighting of a big private house, pays a 1d. a week. He lives in the country, owns a bicycle, rent is small; is well-dressed. A 1d. a week! it's scandalous. I admitted him to my club, because he would have "gone elsewhere," where he would not have been refused.

Fees.—The fees of club patients, paid to the medical officer through the club officials, are too low. None of my clubs pays more than 4s. a year per member.

The usual rate of wages for labourers about these parts is 12s. to 15s. a week. Having taken some trouble to find out, I can say that 15s. down here is quite equivalent to 25s. in big towns. The cottagers get their cottages cheap, and have a garden to each cottage and grow vegetables, etc. They live well, as I have ample means of seeing. Very many of them spend more than 6d. a night in the public-houses, and they often pretend they cannot afford to get in a doctor for their children. . . . I know of two clubs—not mine—in this place (Shepherds and Foresters) which pay 5s. per member.

Midwifery Fees for Club Patients and others.—Whether club patients or not, the usual fee about here is £1 1s. This is generally paid quickly, and is regarded as a sort of debt of honour, but those who do not pay are not made to, so far as I know. The clubs ought to see that such fees are paid; also such women as pretend to belong to clubs (when they do not belong) ought to be "dropped on" by the club officials.

Vaccination.—Many quite well-to-do patients (club and otherwise) get the vaccination done by the parish medical

officer. People who can easily afford to pay 5s. are constantly getting it done at the public expense. For myself, I object to pay for the vaccination of people who can well afford to pay but won't. A very well-to-do man lately said to me (when I told him that his child—my patient—ought to be vaccinated) that he did not see the good of paying 5s. when he could get it done for nothing. This is, I believe, quite usual about here. I do not think that any one who has an income over a certain figure ought to be vaccinated for nothing at the public expense. The public vaccinator ought to be obliged to pay such fees himself if he vaccinates people for nothing who can be proved to be able to pay.

Club Management.—Clubs generally, I believe, can "give notice" to the medical officer to leave whenever they like. They ought to be obliged to give "so many" months' notice, and the doctor, too, mutually.

"Mischief-making."—Sometimes one man (as in a case I know) stirs up a row in a club. One man I know of was the only one dissatisfied—or rather his wife (not a member) it was—and he had not the decency to turn up even. We ought to be able to put forth our hands on such with effect.

Thrift.—Very many club members are unthriftly to a degree. They throw away good coal in their dust boxes daily. In many other matters it is the same. Yet they say they cannot pay even their pennies for bottles, and let their womenkind and children get ill rather than pay the doctor. Of course, this is no new tale.

The medical officers of the clubs ought to have the main direction of the club affairs in so far as concerns the medical aspect.

Club patients ought to be obliged to pay for teeth extraction; also for all operations.

Lately I was the sole medical officer to the local branch of the Quite unexpectedly I heard that another doctor in the place had consented to act as well. I received no notice of this whatever. When I wrote to the general secretary, he said that it was the usual custom of the club to have more than one doctor in one place (this is true). When I called on the doctor referred to, he simply refused to see the matter in my light; he seems to regard himself as merely the servant of the club. I hold that the doctors ought to be officials. In this matter I have information privately that, of thirty-four members, all except four are still my patients. All the club members were called on and asked one by one. The doctor referred to is an "old" man, about 67. The general secretary explains all this by saying that it was for the good of the club.

As to what sum clubs ought to pay per member to the doctor, a club man said to me that a man earning £50 a year ought to pay at least 12s. a year for the doctor. The man gets £1 1s. a week. I think that this is a pretty fair rate of pay per member. For higher rates of wages the doctor's fees ought to increase proportionately. Above £100 a year workmen ought to pay 2s. 6d. a visit. £50 a year = 1,000 shillings; 10s. per year per member only = $\frac{1}{100}$ th part of the man's wages.

3335 (Abstract) In this district private family clubs are in the hands of a collector whom I have known to canvass for members.

Also two classes of people enter: (1) that respectable class(?) who for reasons of thrift and economy desire to get professional attendance at cheap and reduced rates; (2) those who from experience discover that they or their family are more or less chronic invalids, and require constant attention.

The class for whom it is alleged it is intended (those who will not pay bills), either do not join, or do not pay their subscription. (Town: Yorks.)

3350 Club work is very unsatisfactory in every way—if there is an epidemic such as influenza it does not pay, and the doctor is looked upon as a paid servant to be called at any time, and that is what he is. Juveniles up to 16 are admitted at half the rate of adults, and, in some cases, women also, but an examination is required before juveniles become adult members. One thing to be said in favour of clubs, you obtain members of the family as patients, especially obstetric work, but the whole club system is nothing but sweating in every sense of the word.

Why do we practitioners take clubs? Because we are having very hard times. What are the causes? Pre

scribing chemists, herbalists, large quack companies, midwives, vaccination officers, etc.

Remedy: Protection. Publicans, cab owners, and pedlars are protected. Why not doctors?

(Town: Essex.)

3352 (Abstract) The contract question is big and difficult, and, so far as registered societies are concerned, I see no remedy, so long as they have the power by Act of Parliament to appoint their own surgeons, according to rules as now registered and approved.

If an Act of Parliament can be passed fixing contract fees, or better still if the General Medical Council can acquire the power to draw up a code of rules to guide the conduct of all which shall have the force of law, some good may follow. In that case it might be possible to make it illegal to accept appointments direct from Friendly Societies, by the creation of a Board of Control through whom all appointments should be made, registered, or altered. The present procedure to remedy evils by test cases of infamous conduct, and by vague pronouncements many years after the evils have become common or almost universal, is highly unsatisfactory.

(Town: Staffs.)

3386 Would suggest that a radius of 2 miles be substituted and entrance and examinations be paid for.

(Town: Warwickshire.)

3389 Family clubs here mean purely private and voluntary members of families. I say voluntary advisedly, for, alas! some few years since there was much touting in this district on behalf of a few medical men who acquired the services of collectors or agents with smooth, boastful tongues, who exploited the doctors for whom they were collecting for their own pecuniary gain. Our local medical society put an end to this in a great measure. We do not hear so much of it now.

A family of three or upwards pays 6d. per week, and this is brought to the doctor's home, or is collected at patient's house. Where one or two persons in a family pay, the rate is 2d. per week per member.

There is no contract; they continue as long as it suits them and then desist paying. It used to be a common practice here for one collector to represent two or three doctors, so when a family or member got tired or dissatisfied with his doctor and wanted to refuse payments the agent told him he could have his choice of one of the other doctors, and so the agent secured his fees in any case. The agents' or collectors' commission was 25 per cent. of collections, and if he introduced new cases he had the first four payments himself, and, to show the curious constitution of the affair, while these four payments were being made the patients were not in benefit unless the whole four weeks' payments were made at once, when the doctor's duties began. Dignified, is it not? That existed up to within two years ago, and the payments were 4d. per week for a family and 1d. per week per single member. The family had no limit; it may be three or four, or it may extend to eight children, with the parents thrown in.

One of the largest club doctors in gave 30 per cent. to collectors, but no whole payments for themselves. I don't know whether he gives it yet. Probably. He has thousands of family members, I believe.

If out of clubs, such people are charged for visits: 1s. to 1s. 6d. a visit; medicine and advice at surgery, 1s. to 1s. 6d.; midwifery, 10s. 6d.; vaccination, 1s. 6d. to 2s. 6d.

Note.—As the family clubs, as understood here, do not lend themselves to the questions here set down for answers, I have taken the liberty of giving a short account of their character and constitution, which is, as you perceive, very much a rule-of-thumb kind of constitution. No wonder our profession is not greatly honoured here. Alas! there are a few doctors among us who spoil our attempts at unity. (Town: Staffs.)

3420 I consider all club rates are too low, but we all have to compete with so-called charities and sixpenny dispensaries.

Further, unless the other matters are gone into, it will be next to useless to reform the club rates, for, as I have stated above, men will drive away their patients, and their future conditions will be worse than their present state. (Town: Warwickshire.)

3421 Since the State imposes on parents and guardians certain statutory obligations, and practically on all heads of

households, the ultimate relationship between medical men and patients will have to be regarded from that of the public policy. Even if we were strong enough to dictate our own terms we would not be allowed to do so; the privileges granted by registration would be held to demand more from us than qualifications alone.

With certain classes contract practice is both desirable and advantageous to both parties: the problem seems to lie in making it fair to both.

As long as the General Medical Council is practically staffed by consultants so long will no attempt be made to diminish the present undue competition by limiting entries at the schools, a procedure that might easily be vetoed by the State, or by the better plan of a higher standard of arts and professional knowledge, fluctuating this according to annual waste of register. It pays the consultants, the examiners, not to limit the number of candidates. Since either of the above schemes would take years to produce an effect something more immediate in incidence is required; the plan or plans to take into consideration the fact that in every locality men will be found or obtained ultimately who will not fall into line with the rest. The only means seemingly available at this moment are of the nature of penalties imposed by the Medical Council, they acting within the powers conferred upon them. The unprofessional conduct clause is the only one they can act under immediately, and that must be with a wide and a wise discretion, since it is not meant to further any extreme action on behalf of medical men against the community. For example, the public policy would never allow of contract practice being forbidden; there will always also be men desirous of it under fair terms.

What constitutes fair terms can only be found out by investigation; when determined on, and the public convinced that they are fair to the other side, it will be time enough to ask the Council to consider the application of the unprofessional clause. With a general and universal application of the clause, the clubs violating the new rules would either have to dissolve or accede; in the latter case the present holders of office would nearly all find themselves retained in office as against new or untried men.

As far as I can judge, the rate of a penny a week for healthy men seems to give a fair start-point to work from where such men come under new rules if they become chronics or infirm from old age. The rate for family subscriptions might with advantage run like this. So much for husband and wife, a fixed rate for one to three children, formed on the average of two, a higher rate for from three to six, on the average of five; and also a higher rate beyond that. Weaklings, infirm people, chronics, and seniles to pay to cover each time they receive medicine. Wherever possible, clubs and societies to be thrown open to all practitioners willing to undertake the work, people having a right of choice once a year. I do not see how a wage limit can be enforced as to the large Friendly Societies. Hospitals should also be made to act honestly, to only attend the absolutely indigent, the cases that can only be best treated there, accidents and emergencies; a proper system should be evolved whereby people beyond the indigent class would provide for home attendance, those who were unable to afford a consultant regarding the hospital staff as consultants on the recommendation of their ordinary attendant.

Much is often heard as to the rudeness of, and amount of attendance required by, contract cases—in the great number of such cases I regard it as the fault of the doctor that such complaints exist. Once a doctor is known to be one who scrupulously observes his part of the contract he can safely "sit upon" the unreasonable few, but a man must gain that repute first. Such a minority would never gain a superfluity of friends, the doctor should possess many. Medical aid associations came largely into existence upon the neglect or differential treatment accorded to the club patient, except they were officials; some twenty years ago my experience was that such conduct was the rule by the club doctor.

Also, if a medical man live as a mere commercialist, the consideration of pecuniary profit and the avoidance of giving offence being his first principles, he cannot blame patients if they treat him as a tradesman; the professional man is one who lives on a higher standard, and the difference demanding respect has to be made clear

and patent by his attitude and conduct. A medical man who is a gentleman will always receive from all reasonable people the respect due to one; if he is a trader at heart he may expect it, but it will not come to him.

(London.)

3422 (Abstract) If clubs were done away with the people would go to the hospital where they are generally received with open arms, or to the chemist and very often to quacks.

(Village: West Yorks.)

3425 This club appointment was resigned by another medical practitioner, not because he objected altogether to contract practice, but because this paid him less than those he retained. It was offered to me—a needy beginner—and naturally enough I accepted it.

My own opinion is that contract work will not be agreeable to the doctor until his remuneration is based on work actually done—the more work the more pay—the pay of course coming from club funds and not from the unfortunate sick members. (Town: Warwickshire.)

3428 The local Medical Society resolved to get rid of the private club system, and most men agreed to disband their private clubs.

Shortly afterwards we started a dispensary, people paying their weekly subscriptions into a central office; unfortunately, many of the doctors were very lukewarm about it, and after twelve months we agreed to shut up the office and receive the payments at our respective surgeries. Of course, several men did not come in line with us, and now several who were with us have reverted to a condition of barbarism, employing collectors paid by commission.

Formerly the arrangement was that each member paid 1d. per week (or a family 4d.); this was collected by an agent (usually also employed as an insurance agent), who admitted members as he pleased, and was paid a commission of 25 per cent. and received a bonus of the first six weeks' payments. Of course he touted.

That this system is being revived here is past all doubt. Many of us feel that the most pressing of all medical reforms is the total abolition of the private collecting (touting) club. The results of the cheap and nasty variety of club practice are obvious to all who like to look for them. "Club mixture," club patients undiagnosed and treated by rule of thumb—for example, lumps in groins not looked at, and simply poulticed, though the lump is a strangulated hernia, typhoids allowed to walk about for want of time to diagnose, and so on).

This cheap private club work is a growing evil, and is not to be compared with Friendly Society work, for all members of a Friendly Society have to pass a medical examination before entry. Private doctors' clubs are, I am sure, a menace to the community, for, in order that they may be made to pay, the number must be so large as to forbid proper attention. (Town: Staffs.)

3444 I think the regulations for contract practice approved by the Birmingham and District General Medical Practitioners' Union are a useful guide to the conditions we should aim at. (Town: Warwickshire.)

3445 The rates are the same as were fixed fifty years ago, when money had a different relative value.

(Town: Warwickshire.)

3470 In the best Friendly Societies, such as the Manchester Unity, Hearts of Oak, and Foresters, the members now include almost every class—farmers, veterinary surgeons, schoolmasters, shopkeepers, etc. (as well as labourers and artisans), who join for the medical attendance advantages; and as such men never will be excluded from joining, as their presence gives the club a better status, their proportion for the doctor ought to be double that of the working man.

When clubs were first started medical men gave their services at a small figure, 3s. to 4s., on the understanding that they would have the wives and children as private patients; nowadays nearly all the children are in juvenile clubs at 2s. 6d. per annum, while the wives, if not in a club, choose a different medical man (their own doctor as they call it), and for all those reasons the time has come for a revision of medical rates. (Village: Norfolk.)

3471 This club, known as the Medical Aid Society, is run by some twenty or more medical attendants, who share working expenses and take their share of profits pro rata, and govern the working of the club.

(Town: Surrey.)

3490 On the basis of the figures I have collected I think that

the sum of 5s. already recommended by the A.R.M. would just about bring in what the present rate for private practice (minus a deduction for bad debts) brings in from same class.

I think the contract principle should be abolished, except in so far as making an allowance for prompt payment and no bad debts. For instance, if all the Friendly Societies pooled the sum of 5s. per man per annum, I believe they could get any medical man to attend, and pay him, say, 2s. per attendance. The 2s. would be a fair thing, I consider, seeing that all fears of bad debts would be gone, and that there would be much less book-keeping. On the other hand, seeing that the medical man would be paid for each attendance, the feeling of, "Oh, here's another clubber," so well known to every contract practice doctor, would be abolished, with much comfort to the doctor and great benefit to the patient. The great objection, it seems to me, is that very large bills might be run up by doctors, sometimes unnecessarily. The lodges at present trust their doctors to deal fairly with them, and they would just have to go on trusting them. There would be this difference: that a man feeling he is decently dealt with can be trusted better than the underpaid and sweated servant. I should like to see the British Medical Association meet the heads of the Friendly Societies, and talk the whole matter over. These men must know the grave objections to the present system, and we should show them a better.

Have kept figures very carefully as to aggregate work for six years, and I state them here. I have not in this statement kept separate the visits, consultations, and medicine, as my object in keeping the figures was to compare rate of payment with that obtained for private patients of same class. With the latter the payment is 2s. 6d. per visit or consultation, with or without medicine. In the figures given below I include visits, consultations, and examinations of candidates.

	Amount Received.		Attendances.	
	£	s. d.		
1889 ...	19	3 0	.....	337
1900 ...	20	1 6	.....	325
1901 ...	22	14 6	.....	231
1902 ...	24	3 0	.....	450
1903 ...	30	19 6	.....	319
1904 ...	30	19 6	.....	260
	148	1 0		1,922 = 1s. 6½d. per attendance.

On examination of six consecutive months, I find the visits are to the indoor work as 1 is to 2½. From this I would make a deduction of 1d. to allow for probable omissions in record due to forgetfulness of self or locum.

- 3492 The rates paid to me are about an average. They are much too low; 4s. would be fair. The difficulty is that a large number belong to pit societies, of which they are compulsory members; consequently some have to pay twice for the same doctor. This is specially the case with the Rechabites of, an outlying district of, of which I am not doctor; it was the case with those of, and is the case with other benefit societies there.

I think there should be no contract practice, but that doctors should be paid out of a society fund—perhaps a combination of society funds—at ordinary rates, patients being allowed to select their own doctor. This applies specially to ordinary Friendly Societies like the Foresters, Rechabites, etc.; much less so to "pit" societies.

From the Rechabites (the figures are for 1904) I should have received for attendance, if paid at the low rate usual here in private practice (and including medicine supplied at cost price), £38 7s. The cash received represented a loss of nearly 50 per cent. This is a low figure.

I applied for a 3s. rate, on the score of not being properly paid, some two years ago. It was refused, on the ground that the rate was the same as that paid by other societies here, and that if the higher rate were given it would keep down the membership. I am very glad the

British Medical Association has taken up the matter, as I was prevented from raising the question for all the societies here by what happened at miles distant. There the doctors asked for 4s., but owing to a mistake in tactics lost their chance, and a "blackleg" doctor from the outside responded to the societies' advertisement and became doctor for all the societies. The same would happen here. (Scotland.)

- 3497 I find I am not quite paid for my work for the lodge estimating it at ordinary rates, but I voluntarily attend all just as I do paying patients. I believe, even at 3s. a head, I could make my lodge pay if I were to be more chary of my attendance. (Town: Scotland.)

- 3500 We (doctors) in.....made a joint demand for an increase from 2s. 6d. to 3s. per member (including medicine) fully two years ago; our demands were refused and a Friendly Societies' Council was formed under which all the Societies in the town (thirteen) were amalgamated.

They advertised for a doctor and got numerous applications and had not the slightest difficulty in getting a medical officer, and we were hopelessly defeated, and have since been reduced to the condition of helpless paralytics. Further, this man has evidently no difficulty in getting consultants from.....and other practitioners from a neighbouring town to consult with him without any one being able to say "what doest thou?" I have, in fact, come to question the propriety of encouraging medical men to fight this question, as it is merely handing over appointments to a new man. Here is a very marked want of backbone in the medical profession itself.

It seems to me that any reform is absolutely impossible in face of these facts.

I resigned my appointment entirely in the interests of the profession, and find that that profession can do nothing for itself. (Scotland.)

- 3503 (Abstract) Medicine, surgical attendance, operations if need be, dressings, and signing certificates regarding sickness attendance—all for 2s. 6d. per annum per member of Friendly Societies! It ought to be declared infamous, and yet we were all doing it up to about two years ago. Since throwing off the yoke we have had some ups and downs, one of the latest being the recognition of the fact that our local Honorary Secretary consults with the medical man who took our place.

- 3513 While admitting that our club rates are better than those obtained in some parts of the country, the fact remains that they are entirely unremunerative on account of the heaviness of the necessary expenses connected with that branch of our practice. These clubs were originally started merely for strictly local purposes, and the members lived in or close to the town of, so that patients could be attended easily and inexpensively. Moreover, the drugs, etc., etc., supplied, were, until comparatively recently, far cheaper than many in constant use now, for example, salicylates, iodides, etc. As to this last point, it might be said that only the cheaper drugs, etc., ought to be used; but we find it practically impossible to draw any such line with regard to treatment, and any attempt to do so creates much dissatisfaction. If there were a general hospital in the town, many of the severer (and therefore to us more expensive) cases from the neighbourhood would probably be treated in it; but as there is no hospital nearer than with which there is no direct railway communication—these patients have to be attended by us at their own homes. As regards the area covered by our work, our surgery is roughly the centre of a circle of about five miles radius, less in some directions, more in others. As this district is—for a country district—rather thickly populated by the working and poorer classes, we are obliged to visit patients in unusually large numbers at their own homes, scattered all over the country, the expenditure in horseflesh, etc., being consequently very great. While not desiring in any way to shirk our legitimate share of medical charity-work, we, in fact, find the burden rather too heavy to bear under present terms and modern conditions.

I annex a statement (A) showing the clubs connected with this practice, and the general nature of the terms under which the work is done.

The first club started in connexion with the practice was "The Surgery Club," to which adults pay 6s. a year, and children 2s. The latter sum is very small, but it is difficult to raise the rate, as there may be several children in one family, and even 2s. per annum for each may press heavily on the parents, and they, if unable to pay at all, might apply to the Poor-law Guardians, and obtain medical attendance free.

Having our own surgery club paying at the rate of 6s. a year for adults, we feel we ought to accept this amount for the present as our standard payment, but that it should be accepted only subject to certain definite restrictions. Our intention, then, is to propose to all the clubs under our care:

1. A uniform payment throughout all the clubs of 6s. per annum for adults and 2s. per annum for children, with an additional mileage payment of 6d. per mile or fraction of a mile for every visit to a patient at a distance beyond a radius of three miles from our surgery. (The Oddfellows' Club already allows such a mileage charge.) As an alternative to the mileage charge, we might suggest that adults living outside the three-miles limit should pay 9s. per annum subscription, and children 4s.

2. The above rates of subscription are for ordinary medical attendance and medicines—medicines only, patients bringing their own bottles, jars, etc.—and do not include:

- (a) Anaesthetics (gas, somnoform, chloroform, ether, etc.), or operations requiring their use.
- (b) Fractures or dislocations. (These are not strictly included in the Oddfellows' agreement, but have, in fact, been treated gratis for many years now.)
- (c) Syringing ears, vaccination, midwifery.
- (d) The supply of any special apparatus—for example, trusses, pessaries, elastic bandages, catheters, etc.—for patients' private use.
- (e) Use of x rays.
- (f) Pathological investigations, other than simple testing of urine for presence of albumen or sugar.

All the above are extra matters, to be paid for separately as may be agreed upon.

3. Also, the above rates only cover cases in which application for attendance at the patient's residence is made to the doctors between 9 a.m. and 6 p.m. If medical attendance is required between 6 p.m. and 9 a.m., it must be paid for at the rate of 1s. per mile or fraction of a mile measured from the surgery.

4. The secretary of each club shall send to each of the members a printed notice informing him clearly as to the rules agreed upon with reference to medical attendance.

As elsewhere, some members of these clubs are well-to-do persons who ought not to claim medical attendance through them; but until some concerted action on the question is taken by the whole profession, it is not easy to interfere with such people beyond calling attention to their position. I should add that several men who used to claim club attendance now pay us quite reasonable fees through the National Deposit Friendly Society, which is working admirably here, and, so far as this district is concerned, in no way deserves the ban of the Association.

One obstacle in the way of any attempt to make the clubs increase their payments is the low rate at which the Poor-law medical officers are remunerated. The clubs can always refer to the Poor-law scale as their justification. I am medical officer of a Poor-law district, and in the enclosure (B) you will find a statement showing roughly the work done during one year—taken at random. I may say that the annual salary is £90, which, being compared with the number of attendances, works out at about 7½ pence per interview (whether at my surgery or at the patient's house), out of which 7½ pence, I have to pay for drugs, dressings, horseflesh, etc.

The question of the pay of Poor-law medical officers, however, is at present under the consideration of the Local Government Board, who, it is to be hoped, will act reasonably in the matter; and I refer to the subject here merely because it really has an important bearing on and connexion with the rates paid by the clubs for medical attendance.

Statement as to Clubs.

Subscription Per Annum.	Name of Society.	—
Adults, 4s. ... Juveniles ...	Oddfellows (males only)	Three-fourths live over two miles from surgery: some five miles: scattered all over the country. Chiefly local, but some outlying.
Adults, 4s. ... Juveniles ...	Oddfellows (males only)	
Adults, 4s. ... Juveniles ...	Foresters (males only)	Half over two miles away, some five miles, scattered generally.
Adults, 4s. ... Juveniles ...	Foresters (males only)	All two or three miles from surgery
Adults, 4s. ... Juveniles ...	Rechabites (male and female)	Local.
Sliding scale according to income, 2s. to 6s., etc.	Parish Medical Club (male and female)	Local.
Adults, 6s. ... Children, 2s. ...	Surgery Medical Club (male and female) (nearly 1,000 members)	Half local, the rest scattered from two to five miles, etc.
Adults, 6s. ...	Carpenters and Joiners (males only)	Local.
Adults, 8s. 6d., less income tax	Post Office (male and female, Government Contract) In this instance we supply bottles as well as medicines, and attend fractures, etc. As regards other clubs, patients are expected to supply their own bottles, and we also attend fractures, though not bound to do so.	Three-fourths local, some outlying as far as five miles.

N.B.—Confinements are in every case paid for separately.

3517 (Abstract) Family clubs only become detrimental to the profession when the collector is allowed to canvass for new members and to put on the club people well able to pay at least a moderate fee. (Town: Durham.)

3520 After thirty-six years' practice, I am very strongly of opinion that, in the interests of the profession as well as of the public, contract medical work should be strictly limited to attendance on adult male members. (Town: Norfolk.)

3523 The great drawback to any adjustment of relations between medical officers and Friendly Societies is the keenness with which we individually are ready to take Friendly Societies from each other. Unfortunately it is a too common occurrence for one doctor to stir up any latent feeling of hostility existing in some members towards the doctor of the lodge, and to use it for the furtherance of his own possible election to the post of medical officer to the lodge in question.

If some arrangement could be made amongst all the local practitioners whereby there might be one system of club practice collected by official collectors, the people to say beforehand which of the doctors they wished to attend them and their families, and not to be allowed to change without due notice (to be arranged and agreed upon by the practitioners themselves), and a strict age and wage limit, with certain diseases omitted (syphilis and gonorrhoea), provided for, the status of club practice might be raised. I am afraid our own petty professional jealousies would always make such an arrangement difficult. (Town: Durham.)

3526 As shown, we have improved our position since the formation of a local "Practitioners' Society" and subsequent local Division, and with combination and discretion in approaching the members (so as to avoid a "strike") with a view to getting better terms, no doubt we can obtain what we consider just and reasonable. (Town: Durham.)

3543 (Abstract) I should personally prefer that there should be no monopoly by practitioners in the attendance on clubs, but that the members should be free to employ any medical man they desired who would act for the regulation rates.

The medical staff should be represented on the managing board. (North of England.)

3546 (Abstract) I am the only registered medical practitioner in..... who absolutely refuses to engage in contract practice.

Your attempt to glean information in the manner you are doing will be futile.

You are only asking for a series of lying statements from the various members—anyhow, that is what you will get.

- 3548 (Abstract) For the last ten years I have refused to have anything to do whatever with Friendly Society clubs, or provident associations.

They are a great detriment to the medical profession, and in no way benefit the sick poor. (Town: Lancs.)

- 3550 I have been engaged in club practice for forty-five years, and at times have had upwards of 1,000 club patients on my books. My terms have been uniformly 4s. per member per annum, with a few juveniles at half fees. I have had no female members.

On the whole my relations have been friendly, and when friction has arisen it has usually been due to competition from members of the medical profession.

I think, however, that I have the following reasonable grounds of complaint:

1. I have had to attend as club patients people who were well able to pay ordinary fees.

2. I have had to go long distances (6 miles) without extra remuneration.

3. The rule (which generally existed) to the effect that members seeking medical advice should bring their club cards with them was almost uniformly broken, and I am convinced that at times non-members received advice and medicine as if they were members.

4. Instead of the attendance on male adult club members serving as an introduction to paid attendance on the rest of the family, I found I often had special difficulty in collecting accounts from the families of club members.

Suggestions.—

1. There are great difficulties in the way of the imposition of a wage limit, but I think something of the following nature might be adopted.

(The great objection to a wage limit is, of course, in its application to members who have joined early in life, and afterwards have prospered.)

Members coming within the wage limit might be admitted and entitled to attendance at club rates either up to a fixed age or for a term of years, say ten, in spite of any increase in their income. At the end of the term the wage limit should again come into force.

2. Extra fees should be paid for long distance journeys. (Town: Lancs.)

- 3551 (Abstract) I have had these clubs for twenty years, and I attribute my small amount of work done to extreme care in examining candidates for admission, and to the hospitals taking most of accidents off my hands. (Town: Lancs.)

(II) EXPRESSIONS OF OPINION BY PRACTITIONERS NOT ENGAGED IN CONTRACT PRACTICE.

- 3124 (Abstract) I hope that the Association may be able to introduce some method of regulation, if not abolition, for, from my observations during twenty years in Lancashire, I am convinced that the ordinary club practice has a most damaging effect upon the profession:

1. By leading medical men to stoop to ungentlemanly methods in order to secure the appointments.

2. By allowing the club officials and members to despise their doctor for resorting to these methods.

Many a doctor begins by underselling the club doctor and currying favour with the club officials, but, as soon as he has supplanted the medical officer, he is himself in turn beaten down in his fees, or threatened with a lower quotation from yet another doctor.

This trading and bargaining has done more to lower the profession in the eyes of public than anything else, I believe. (London, E.C.)

- 3137 (Abstract) It seems to me hopeless to look for any "local agreement among the practitioners" in cities and large towns as to meeting the real demands of the poorer classes.

The establishment of public dispensaries for every parish, with the appointment by rotation of medical officers, offers the best solution of the difficulty, I think.

The initiation of this should come from the laity.

(London, N.)

- 3187 (Abstract) From my experience of it, I consider that con-

tract practice is very unsatisfactory to the medical profession, both to those who hold appointments and to those who do not. When higher rates are paid, as in New Zealand, a better class of medical men take the appointments, and a class of members is attracted to the club that they (the clubs) were not originally intended for.

I believe that the interests of the profession as a whole will be served best by leaving the clubs and the individual medical men to make their own arrangements. The ordinary laws of supply and demand will ensure that the clubs get what, and only what, they pay for.

(Town: Scotland.)

- 3189 (Abstract) As regards fixing a wage limit—this would be most desirable if it could be arranged—but I am afraid many practitioners would object, on the ground that any interference at the present time would probably result in the breaking up of medical appointments, as both masters and men are now well aware that medical fees cannot be deducted from the latter's wages (legally) without his consent. A little disturbance would give rise to a protest on the part of the men, many of whom do not appreciate the principle of insuring medical attendance in this way, if they do not happen to require the services of the doctor. Having no doctor they would then have to seek private attendance, and would or could not pay the bill.

Local medical men are not slow to realize this, and prefer to accept the *status quo* lest a worse evil come upon them. (Village: S. Wales.)

- 3191 (Abstract) I regret the almost impossibility of any attempt to deal with the abuses which exist, also in many private practices in regard to fees charged, especially in London. (London, W.)

- 3194 (Abstract) Club and contract practice, I consider, strains very much the professional and social relations of the practitioners in this district. (Town: Staffs.)

- 3210 (Abstract) The only club I know that could be worked with satisfaction or profit I consider the National Deposit Friendly Society, but the entrance fee of 1s. should be 2s. 6d., and the alternate day visits should be more than 1s., and there should be provision for testing eyes, attendance to ear, nose, and throat, or other special treatments.

I am not a believer in clubs, and think for those who cannot pay 1s. or 1s. 6d. at surgery there ought to be an efficient staff of "parish medical men" paid for each individual case, or else private practitioners authorized to send in accounts for same to guardians, but tickets to be signed by relieving officer. (London, N.W.)

- 3216 (Abstract) Medical men in their greed to keep men out of their districts, and to grab all they can get, are alone responsible for this state of affairs. Our profession is badly organized. (London, N.E.)

- 3230 (a) I hold it demoralizing alike to practitioner and patient the system of contract medical practice. The success of all medical treatment is based on an exchange of the best which each has to give, and my experience is that the world is slowly learning that human life is too sacred a matter to be bartered at the rate of 2s. 6d., or even 10s., per annum for attendance and medicine. All such practice, to my mind, favours a method of slipshod and inaccurate diagnosis—or a Micawber-like policy of waiting on something to turn up; moreover, the contract medical practitioner floods the general hospital with cases which he lacks the enthusiasm to follow up, or grudges the extra cost which such cases entail. I may say, in conclusion, that I have repeatedly refused tempting offers of such practice, and my private practice seems to have correspondingly increased by adopting such an attitude.

- 3379 I have had no Clubs of any kind for many years, but at one time I had the Union Provident Sick Society of..... It paid 2s. 6d. per annum per member. I kept an account for six months, and counting a consultation at surgery a visit, and also mixtures as separate items, I found it paid me at the rate of 3s. 3d. an item. I did not consider it worth the trouble. One frequently did not get their families as private patients, because in the majority of cases the wives and children were in other Clubs. (Birmingham.)

- 3382 (Abstract) I have always refused to undertake any Club practice whatever, either as medical officer to a Friendly Society, Provident Association or Club, or Private

Clubs, which I consider absolutely *infra dig.* for a medical man, and no benefit for patients.

(Town: W. Birmingham.)

3419 (Abstract) I am in sympathy with the movement, as I consider it is for the good of the profession at large, and am willing to become a member of your Association starting this month. (Birmingham.)

3369 (Abstract) The only satisfactory plan with this class of patient is cash on the spot, and if they will not pay or cannot, any one can have them, as for the humbug of Clubs, and cheek of Club patients, I would sooner starve. (Town: Staffs.)

3399 In this town the "penny a week" Club is the curse of the medical profession.

In order to start such a Club I understand that the following is the *modus operandi* :—

Obtain an energetic canvasser who will go from house to house collecting pennies; if at any house the people refuse to become a member of your "penny-a-week," the canvasser must keep on calling until they do.

The canvasser gets as a reward for his faithful services, 25 per cent. of his takings. I believe canvassers have been known to take the lot.

If this sort of Club should interest the British Medical Association, I shall be very pleased to answer any questions concerning them.

I am quite in sympathy with the action of the British Medical Association, but consider they are setting themselves an exceedingly difficult, if not an impossible, task. (Town: Staffs.)

3451 (Abstract) I have had considerable experience of Club practice while acting as *locum tenens*, and consider the medical practitioner who does such work degrades himself.

The medical man who cannot get legitimate work should be compelled to resort to some other occupation. (London, S. W.)

3460 Hold no appointments whatever nor any clubs. Attend a few people in the "National Deposit Society."

Believe clubs to be quite unnecessary and "private" clubs iniquitous.

Have seen such bad results from "lightning" diagnosis, that I would, if possible, prevent any one from professing to attend people for such a sum as 1d. per week. (Town: Surrey.)

3489 (Abstract) In all cases of injury the doctor and club are one. Doctor cannot see much the matter, and dubs the injured down as lazy, scheming and pretentious, when the man may not be able to turn in bed. For the sake of £ s. d., these doctors will do anything to please the company whom they serve. In many cases, the practitioners are so poorly paid, that one individual club would give no return for the doctor's work. (Town: Lanarkshire.)

3512 (Abstract) To my mind, there are two ways of settling the matter: 1st. Let the doctor and the patients (as it's six of one and half a dozen of the other) who have made the clubs lie in the beds they have made. 2nd. Do away with the clubs altogether. I am only four years in practice and in that time I have refused three. (Town: Ireland.)

1950 I would suggest that after a fair and uniform rate has been arranged, each member of a club should have the privilege of choosing his own doctor, having previously intimated to the secretary of his club the name of the doctor whom he prefers, and having, of course, obtained the consent of the medical man. (Town: North Cumberland.)

1952 (Abstract) I abandoned all clubs, etc., more than fifteen years ago for three chief reasons:

1. They were abused—that is, tradesmen who were wealthier than I was belonged to them and exploited my services.

2. They wasted my time, especially in writing and signing forms and certificates for very trifling matters, so I determined (and have experienced) that I could do much better without them.

3. In my opinion it is beneath the dignity of the medical profession to do any work for clubs as at present conducted, especially in view of the modern development of "juvenile" branches. (Town: Devonshire.)

1978 I resigned my connexion with these Friendly Societies about seven years ago, feeling that the amount paid, 2s. 3d. per annum, was quite inadequate for the work done. Moreover, I felt that many of the members were

well able to pay the usual fees—2s. to 2s. 6d. per visit. Most of them earning good wages, 35s. to 50s. per week. Not a few of them having their own dwelling houses, some being in business as grocers, hairdressers, tailors, ironmongers, master plumbers, master masons, magistrates of the town, J.P., and not a few paying income tax, and, on death, legacy duty.

I thus cut the painter, believing that no self-respecting medical gentleman ought to sacrifice his life for such terms, nor condone such abuse of medicine and surgery.

I have not regretted the step, as my income has not suffered much. Most of my old patients, who were in these societies send for me when they are really ill and requiring proper medical attention. Many of them have said that they wonder medical gentlemen work on such terms, but they say, so long as the profession does it, so long will the workman take full benefit of it; and I think they are not far wrong, for, indeed, I am now, after much experience, fully persuaded that we, as a profession are, thank God, essentially philanthropic to suffering humanity, but commercially we are mostly, what the late Thomas Carlyle stigmatized the people of these isles, fools. (Town: West Scotland.)

2028 Your local secretary has forwarded me forms *re* Contract and Club Practice, and I am pleased to see that you are making such inquiries. In this district where the men are chiefly miners, quarrymen and agricultural labourers, the rate of wage received is nearly double that of the County of Cheshire, and yet nearly all the practitioners stoop to accept private family clubs, at 3d. a week, to include attendance on father, mother and family, provide medicines, surgical dressings, ointments, certificates for any number of sick clubs, examine candidates for these clubs free, and attend midwifery cases for half a guinea each.

The colliers form similar clubs, and the money is stopped by the colliery managers, and paid to the doctor by their clerk, a charge of 2½ per cent. commission being paid by the doctor.

I hold no family clubs or colliery appointments, although I have frequently been asked to form clubs, but am the Medical Officer to the Workhouse, Public Vaccinator and Medical Officer for No. x District A Union, and a private practitioner.

I was asked recently by the Z Colliery and part of V Colliery to form a Club, as the medical attendant was leaving and they wished me to take them over.

A ballot at the pit was taken to see if they were in favour of having one surgeon for the whole colliery. The result was 232 for one surgeon, 26 against, 4 spoiled papers. The delegates approached me and I drafted the following rules for their consideration, which I enclose, but it is needless to say that I did not get the post, as they went off to X and soon found a firm who were willing to accept on the terms named above.

So long as the members of the profession are willing and do accept these ridiculously small fees, I am afraid little good can be done by the Association. The small towns in this district are simply one mass of clubs.

The number of practitioners to the population is not too many, but no new man would have any chance of making a living owing to these cheap fees.

Rules Referred to.

MEDICAL OFFICER FOR Z COLLIERY.

1. Medical attendance on those residing outside the district will be arranged for.

2. Illnesses due to intemperance or vice not attended under this contract.

3. No school certificates granted.

4. Certificates of illness, etc., for clubs to be charged for.

5. Dental extractions not included, but will be charged for at 1s. per tooth.

6. Confinements:—No case attended unless previously engaged, and a card received from me, which must be sent with messenger when called to the confinement. Fee for ordinary cases, one guinea, which must be paid at the time.

7. In cases requiring the administration of chloroform, a fee of not less than half a guinea to be charged.

8. Patients to provide clean medicine bottles, not soda water, whisky or beer bottles, otherwise a charge of one penny will be made for each bottle.

9. No medicine dispensed on Sundays except to patients visited that day.

10. No Sunday duty except in very urgent cases.

11. Patients requiring to be visited at their own homes must send their messages to the surgery before 10.30 a.m. (except in urgent cases) otherwise a charge will be made for the first visit.

12. No child over 14 years of age attended under this contract unless employed at the colliery and subscribing.

13. No messages taken from neighbours' houses.

14. Cases where a bone-setter has been consulted, not attended.

15. Committee of five to receive complaints.

16. No person admitted who is not actually employed at Z Colliery.

17. Monthly list of all workers employed at the colliery, and if possible where residing. The company are to pay the fees by cheque monthly.

18. The doctor to pay the company's clerk $2\frac{1}{2}$ per cent. commission on the fees.

19. A copy of these rules, which will be strictly enforced, to be posted at Z Colliery.

20. A charge of 3d. per week for all workpeople employed at Z Colliery to be deducted by the company's clerk and paid to the doctor.

21. A month's notice on either side.

2040 The medical profession is too divided at present, and a law ought to be passed at head quarters, wherever they may be in the future, that no medical man must take a club under certain defined rates and never any club which takes in the women and children.

I do not know what I may have to do in the future, but as I am situated at present, I would sooner starve than have anything to do with a club.

By this I mean that the blacklegs of our profession ought to be made to obey laws—why should we not take a leaf out of the lawyers' book?—and as things are at present, the public think that we are made of money. I may here remark that any laws passed should prevent medical men from taking small fees from the insurance companies, which daily are beating us down and will in future override us more and more unless prevented.

This prevention must come from some head central body, or else nothing will prevent half-starved shabby top-hatted and seedy-black-coated medical men from taking small fees from insurance companies, if for no other reason, their chief and very important reason, viz., to clothe and feed their helpless bairns; of course doctors will be better-off in the end by such laws.

(Town: South Wales.)

2050 (Abstract) In my opinion, clubs are very desirable for a young man commencing practice; after a few years I think such practice should be discontinued—that is my opinion and practice. I found them of great service to me in 1880 for a few years. Such being my opinion I do not see how I could be a party to the discouragement of club practice. (London, S.E.)

2060 Fifteen years ago I held office as medical attendant to a Branch of the United Patriots. I kept accurate account of the work done for twelve months.

I found that the pay worked out to between 1s. 7 $\frac{1}{2}$ d. and 1s. 7 $\frac{1}{2}$ d. per visit or consultation at my house. This included journeys up to three miles from my house.

I decided this did not pay, so resigned my office, and have carefully avoided all contract work since.

I have urged at meetings, in the JOURNAL and privately, that all medical officers of clubs should keep an accurate account of all club work, and see what it pays at the end of a year's working.

I am persuaded that if a large percentage of medical officers of clubs would do this and publish their results, an improvement in the pay would at once follow.

(Town: Wilts.)

2080 (Abstract) Anything less than 3s. 6d. per head per annum, in my opinion, tends to fill hospital and dispensary outpatient departments with large numbers of dissatisfied members of clubs, etc. (Town: Yorkshire.)

2087 I am not in favour of contract practice at all. Where people are so poor that they cannot pay large bills, the doctor does not as a rule insist upon it, nor in my experience is he very exacting towards such people, while, on the other hand, by contract practice the doctor is defrauded of his legitimate rights in numberless

instances, by people who are able but are not willing to pay what might be considered market value for benefits received. In making these remarks I am thinking of a large contract practice with which I had some connexion in Co. Durham ten years ago. (Town: Lancs.)

2089 This is all no use and a waste of time; legislation is the only remedy. Something to prevent the large and wealthy employers of labour from giving dispensary tickets to their men, for their wives and children, as well as themselves, being doctored for nothing. It is of no use putting our grievances in the medical press, which is not seen by the public. What we want is a good ventilation in the lay press and a strike throughout the profession. Why should we not strike? Other industries do so, and frequently gain their ends.

If the Medical Council have not powers, why don't they apply to Parliament for powers. The Medical Council is the greatest fraud we ever had to endure as a body; we require protection against the chemist and druggist who has a private door with surgery or sick-room upon it, the latter a very artful dodge, and doctor, in towns like this, about two-thirds of the people, nearly all the middle and lower classes, who are able to go to their shops and pay a shilling, which we should be very glad of.

Give us some protection against the owner of the who advertises all the rogues' wares, including the quack physic, at a high rate, and which, owing to the gullibility of the public, they, the advertisers, can well afford to pay. Our greatest enemy is what is wrongly called the "poor man": he is pampered and spoiled, has a post-office banking account, gets doctored gratis at the dispensary, and pays no one he can defraud; the so-called "poor man" is a thief nine times out of ten, in the receipt of 20s. to 60s. a week. There is too much misapplied philanthropy altogether; our present day "poor man" is better off than a curate, clerk, and many medical men; there is no discrimination, common men are put into authority in clubs and use their powers frequently in an abominable manner over the poor doctor. I resigned two clubs and my practice, because these blackguards insisted that I should sign certificates for members of the clubs who were being attended by "quacks" who, they insultingly said, knew as much as I did. I could write books upon the matter, but it is all no good, we want combination in the profession and a strike.

Call a monster meeting in London of medical men and let us strike, strike the men off the *Medical Register* who accept 6d., 1s., or anything less than 2s. 6d. for advice and medicine. I never knew my father accept less, sixty years ago, when I was his assistant at £30 a year, and the agricultural labourer's wage was 9s. a week; he was an honest man then, and had not been spoilt and pampered by the duchesses and countesses who head these philanthropic functions.

Send a poor man, earning £3 a week, a bill for doctoring his child or wife, and he will go round the place, and not only not pay the bill, but do all he can to ruin you with his lies in the eyes of others, and especially your best patients. I'm full up against him. He only pays when he is compelled.

"The dispensaries are the curse of most towns."

Every man should contribute, by tax, so much, an equitable tax, towards the hospitals, which ought to be administered by the State and not left to private bounty. There is a great waste of money and energy in the present system.

At present we practically provide everything for this "poor man," educate his children, etc., etc. I never see an appeal to the public purse upon behalf of the starving doctor; the curate, yes, but not the poor doctor.

It would be an interesting appeal and experiment. No, we suffer silently and give our health and strength in the service of an ungrateful public, who will take all they can get gratis.

2095 I have no club or contract practice now. I, however, had over thirteen years' experience of it amongst the colliers in Durham. The work was simply slavery, and the position of the medical man a most degrading one. "We pay for you, and you must come," was a frequent way of getting a message. I reckoned that the work ran to about 4d. a visit with medicine included. The pay was then 6d. a fortnight from the wages of the head of the house, and

for that all the family, including grown-up sons and even in some cases adult lodgers, had to be attended. Things are rather better now than when I left seven years ago. Still I condemn contract practice as being degrading to the practitioner, and in most cases grossly unfair to the patients themselves. It was impossible to give serious cases the attention or medicine they required, the people, too, knowing that they had nothing extra to pay, called on the doctor to visit them for the most trivial complaints, and never studied his convenience either by day or by night. Club rates are too low, and all contract practice should be confined strictly to the very poor who would not pay otherwise, say to cases where the gross earnings are under £1 a week. Even with the poorest patients the doctor has more freedom and self-respect if the bill is collected in small instalments.

(Town: Lancs.)

2145 I have steadily refused clubs, quarries, or Friendly Societies, as I consider the remuneration paid for them degrading.

Recently another medical man has come here, who began by starting a private club, at the rate of 1s. a month per family. He also takes other clubs here at the same rate—another, and I suppose legalized, form of underselling.

The people who are on these clubs can well afford to pay much more in most cases.

Some of them come to me afterwards, and I tell them I can give them my opinion, but my fee is a guinea. They send for me in some cases for confinements, and pay 1½ guineas, 2 guineas, and even up to 4 or 5 guineas in one case—a troublesome one—and 7 guineas in another. (The club fee is 10s. 6d.) I think the standard of fees adopted by some members of the profession is disgraceful. A working man is paid better, and I hope something will be done by the British Medical Association—certainly as regards their own members.

I pay the railway porter 1s. for bringing up a parcel to the house, he pays his doctor 1s. a month for his family and himself.

The profession has itself to blame. We take an oath or affirmation to uphold the honour and dignity of the profession and our colleges, and yet some are to be found who accept 1s. per month per family to be at the beck and call of any one.

2177 The subscriptions of nearly all clubs are far too low.

All funds should be held by the club, and out of these each medical man should be paid a fair fee (to be recorded on a paper held by each patient) for every visit, consultation, or bottle of medicine. One year the club would be out of pocket, another would save.

Each club member to be allowed to go to any medical man he liked.

By these means medical men would gradually discontinue debasing and undignified competition for clubs, and would learn that they could get an honest wage for honest work; could increase their practice by skill and attention; and would rise in public esteem instead of being sweated and looked down upon as "the club doctor."

(Town: Carnarvonshire.)

2341 I have been searching for information as to the National Deposit Friendly Society. I cannot help thinking that under its present rules it does not deserve the support of the profession, and that it introduces principles which are bad.

I doubt if in the long run it is well for either party that any one should intervene between doctor and patient, but the encouragement of thrift and insurance against illness are most desirable, provided that such intervention does not occur.

(Town: Kent.)

2388 I have never taken clubs. The general impression amongst the working classes here is that club doctors are an inferior grade of practitioners. The club practitioners in this district get 2s. 6d. per member per annum. The result is careless slovenly work and a bad name. I believe much better work would be done if club system could be made remunerative or abolished altogether, and both the medicals and the public gain thereby. The difficulty in the way will be the unsuccessful members of the profession. There is always the possibility of a time coming when a man will do anything to live.

2405 The only satisfactory solution of the whole problem is

one which makes the club and not the doctor insure the patient against his medical bill. (Town: Cornwall.)

2545 (Abstract) I think myself that every practitioner should have a medical club free from lay control, composed of those who, although not able to pay usual fees, yet wish to avoid being pauperized.

I think club practice can only be considered in its relation to that bane of every working-class practice, viz., bad debts. There never would be any club practice sanctioned by medical men were it not to insure themselves against bad debts. The unfortunate hand-to-mouth class of working men from whom bad debts mostly come are those who, after they have been ill and out of work, as a natural consequence, for any length of time from a few weeks, are practically bankrupt, perhaps they would pay if they were able, but with impaired health and debts accumulated during their illness they cannot, whereas if they had been members of a club the medical man would have received from the 95 per cent. of the club who are working sufficient to pay for the 5 per cent. who are ill (the percentage may be a little more or less according to the kind of club), and this payment is continued whether the members are well or ill, without the necessity of book-keeping or making out of accounts or of putting in an appearance at the county courts when required. The British Medical Association will deserve well of the profession if they can remedy some of the abuses which have been shown to exist in connexion with contract practice.

(Town: Lancs.)

2448 (Abstract) I cannot help feeling that many members of the British Medical Association may somewhat resent this inquiry, and I much doubt whether many will take the trouble to fill in all these details. I hope I may be mistaken in this respect. (Town: Berkshire.)

2452 The rates for the National Friendly Society, whose members now and then come to me, are too low to leave any margin of profit in small country places where the numbers of patients are very restricted. It is preposterous to ask a man to accept 1s. for an intermediate visit on a severe case up to 2 miles from his house. I have just received £2 for a troublesome and lengthy operation on a cut tendon, for dressings and several visits. The National Deposit Friendly Society say that even that fee is in excess of their rates.

2463 There is at the present time a vacancy to a burial club caused by the resignation of the medical officers, because they asked for more remuneration for their services.

The remuneration is at the rate of about 10d. per head per annum.

The profession in this town have all signed a letter which is to be published in to-morrow's *BRITISH MEDICAL JOURNAL* and *Lancet*, urging intending applicants for the post to consider what they are taking up, and that, if they do so, they are doing it in direct opposition to the unanimous opinion of the profession in the town.

In my opinion it is undesirable to admit to clubs in general, except on a strict wage limit, and under no less fee than 4s. 4d. per head per annum for male, and double that scale for women and children.

(Town: Cheshire.)

2472 I think clubs should be made illegal; that their place should be taken by medical officers appointed by the municipal or county authorities, and that such officers should be paid by those requiring such attendance by an annual voluntary rate; that such municipal doctor should not attend persons much above the working class (in income); that as far as possible he should be paid on somewhat the scale of a medical officer of health; that his work should be controlled by a small office, and it should be liable to inspection, etc., at any time. This is, I believe, the only way in which working people on moderate wages can be attended by a well-educated medical man at a moderate fee and by modern scientific methods. I am writing without prejudice, as I have never needed to have anything to do with clubs. (Town: Cambs.)

2660 (Abstract) I have been struck with the inadequacy of the fees paid to the medical men practising here who do contract practice, and have gone fully into the question with a large number of them, and have been attempting to get that necessary cohesion amongst them which is essential for reconstruction of the basis of agreement between them and the members of the clubs (Friendly Societies and private and family clubs). Up to the present I have been

enabled to get a bare majority of the doctors practising in the town to agree to meet together and discuss the matter, but have strong hopes of ultimately getting all to combine. I am writing this fully to you as I have always considered it a purely local action in dealing with contract, circumstances differing in each individual district. In my former practice in Lancashire clubs were unknown, though it was a manufacturing district; attempts were made by the Oddfellows to introduce club practice, but on my instigation a meeting of all those practising in the district was held, and united action taken to make the terms prohibitive, and this succeeded. My own impression is that club practice is not at all a necessity, excepting in certain rural districts.

- 2662 (Abstract) The only fair way to manage clubs is for the doctor's account for professional services to be sent to the club, and that every member should have whatever doctor he chose to attend him, the club paying the account at a certain rate agreed upon.

I may add that I find it distinctly advantageous to my practice, which consists mainly in attending the families of small shopkeepers and working men, not to be connected with any club.

If I may put it so, it is a distinct "advertisement" to me to have refused to allow my name to be used as an applicant for club appointment.

It is such a common thing to hear it said about any doctor that "he is my club doctor, but I do not care to see him because he does not give me sufficient attention," that it should make any doctor reluctant to hold club appointments. (Town: Lancs.)

- 2702 (Abstract) Payment should be for work done, according to a special scale devised for this class of practice. Fees according to such a scale might be fixed at, say, a third lower than those for private patients belonging to the same class of people—an account showing number of visits, consultations at surgery, and prescribing (this word is preferable to the word "medicine" as doing away with the objectionable idea that a medical man is paid for the actual drugs used) to be furnished to the Friendly Society or club at stated times, who should make payment accordingly to the medical officer. All contract work by the medical profession is derogatory, and in the case of Friendly Societies and Clubs particularly so—as introducing the commercial element and the consequent process of "cutting out" and "cutting down," respectively. Even the midwifery fee should be abolished, and a suitable fee charged for attendance at the labour itself (varying according to time detained and difficulty of case), each visit subsequently being charged the usual fee for each class of patient. In most cases now fixed at a guinea, the initial fee charged, and the number of visits subsequently made could be arranged so that there would be practically no increase on the present contract rate, whilst difficult cases would get a remuneration proportionate to work required and done.

(Town: Cheshire.)

- 2789 The only contract practice I have is a Poor-law appointment where I am paid a fixed annual salary for professional attendance, and my own price for medicine and surgical appliances extra. is a small thriving town in the centre of a rich purely agricultural district, and where there is full employment for every able-bodied man and woman, indeed there is a scarcity of workers. For the really necessitous poor the Poor-law authorities provide most liberally a medical officer to attend and supply medicines, and who can order any luxury he chooses. We have also a district fully-qualified nurse who attends any cases the medical men, clergy, or ladies of the Nursing Committee ask her to give her services to. The nurse is supplied with a bicycle, and can on wet days take a hire from one of the hotels to any case in the country when she wishes to go. The nurse also is empowered to prepare or take nourishing foods to cases where she thinks it necessary, and this all gratis to the patients. In the year 1896 the number of individuals who were club members was 508, and they have increased enormously since that time, indeed there is hardly a householder in this small town who is not a member, including solicitors, clergymen, bankers, wealthy landed and household proprietors, merchants, etc. The country districts used to be strictly private practice, but I am ashamed to say that contract practice is also extending there, even to well-to-do farmers. The Societies

here are the following, namely, the Oddfellows, Foresters, Mechanics, and Rechabites, the latter having a juvenile branch for young people between the ages of 5 and 15 years. The annual payment per member for professional attendance and medicine is 2s. 6d. for the town members, and no doubt it will be a little more for country members. Dr. is the medical officer for the first three lodges mentioned, and Dr. is medical officer to the Rechabites and its juvenile branch. Both of them are members of the British Medical Association, and I do not give these details out of any jealousy or personal spite towards them, as I am on good terms with both of them. I have been approached several times by other Friendly Societies, but I have promptly refused them, as I had no desire to add to the existing condition of practice here, and I made my two colleagues aware of this. I am a thorough believer in these Societies, and would join one or other of them to-day, if I was not insured in other ways, *but why should the medical profession have any official connexion with them?* It is simply lamentable the condition of chaos into which general medical practice is drifting, when men worth £10,000 belonging to this town can get medical attendance and medicine for twelve months for the sum of 2s. 6d., a fee that the barber would scorn to come round the corner and shave one for. And this all due to want of combination and loyalty of the profession to each other. It is humiliating to read the treatment the club doctors received at the hands of their employers, as impartially given by a special commissioner of the *Lancet* some years ago. There is no body of men who could be more powerful in safeguarding their own interests, and keeping up the status of the profession than medical men, but I do not know of any body of men so helpless, and it is no wonder that intelligent laymen should look upon a number of us with contempt. Look how railway men, tramcar men, and miners can combine in a constitutional manner, to better their position regarding wages and hours of labour, and these men have not had the advantage of a university education. In speaking of the profession I do not include the consultant class, as they knew how to be loyal to each other when an attempt was made to foist a half-guinea consultant on the inhabitants of some years ago, and this even where some of the most influential men in were at the half-guinea man's back. This single instance shows the power of the profession when an attempt is made to lower its status. I believe there are many excellent men who hold club appointments, and who would be only too glad to give them up, if it were not for their "friend" across the street jumping at it if they did so. In my opinion the teachers in our universities and medical schools are largely to blame for this degrading contract work, at least, in the University of where I was taught, not one word of warning or advice was given to us on the conduct of medical practice, and the avoidance of club work. I feel convinced that if our teachers were to warn their students, when they are at such an impressionable age, that contract practice would soon be swept away. It is a great pleasure to me that the leaders of the British Medical Association are taking a practical interest in this question, as I feel they have the power to banish club practice altogether. I have been a member of the Medical Defence Union for twelve or fourteen years, but I have filled up the "form" sent to me by the British Medical Association to become a member of their Defence Association if they adopt their scheme. I shall not, however, sever my connexion with the Medical Defence Union as I am grateful for the collective defence they have undertaken; for example, in the case, which they brought to a successful issue, every general practitioner is under obligation, so until the British Medical Association undertakes collective defence also, I shall not grudge 10s. per annum to the Medical Defence Union for the collective defence they do. At a meeting of the Division of the Branch on 21st inst., I proposed that the British Medical Association was the proper body to undertake medical defence, but my motion was defeated; but, in my opinion, it is only a question of time until the British Medical Association undertakes both individual and collective defence, and I quite understand how it is only undertaking individual defence in the meantime.

I consider the interest the Council of the Association is taking in this contract work will have a powerful effect, and I only trust you will make it unprofessional conduct for one of your members to be officially connected with any Friendly Society. The only contract work in my opinion (outside a Poor-law or Government appointment) should be confined to coalminers or other miners and quarrymen where the remuneration is reasonable and only confined to the individual miner or quarryman. There you can count upon a distinct wage limit, without any abuse. Of course, I attend here a considerable number of men who are members of a society, but this seems foolish as they have to pay me ordinary professional fees, and they can have their club doctor for nothing. I mean, of course, by "nothing" what they pay him annually whether they have him or not. Of course, a club doctor has a tremendous pull over a man who will not condescend to that work, by the introduction he gets to their wives and families. I would, however, scorn to have a practice made up of individuals who had no choice in the matter, but were bound to come to me whether they liked or not, at least, if they went elsewhere they would have to pay another doctor over and above what they were paying to me. I enclose a cutting from our local paper, where you will see an advertisement by the Rechabite Society here:

INDEPENDENT ORDER OF RECHABITES.

"The Queen's Jubilee Tent" of this, the oldest, largest, and wealthiest Temperance Association in the world,

MEETS EVERY IN .

Benefits from 2s. 6d. to 20s. per week, including medical aid; and from £5 to £30 in case of death.

Age for Entry, from 16 to 50.

"The Hope of Tent," for Juveniles (both boys and girls) meets as above. Age for Entry, 5 to 15.

Payment, 1d. per week. Benefits, 2s. 6d. per week and medical aid.

For further information apply, etc.

Surely this is sailing very near the wind. I will only answer one question in this Form C III (2). Most emphatically I would be a party to such an agreement, and I only wish you would help me to do so.

2817 We have no private clubs.

Important Note.—We consider "private clubs" as institutions that are degrading to the medical profession, and consider that the British Medical Association should take steps to have them abolished. Many medical practitioners, we believe, raise, or are associated with, such clubs, and collectors are appointed who go from house to house collecting or begging for weekly subscriptions.

(Suburb: London.)

2847 I do not hold any appointment as medical officer to a Friendly Society, Provident Association, or Club. Nor do I believe that it is a position that a medical man who has the interest of his profession at heart can hold. I have been frequently offered the post by Glasgow lodges of Foresters, Gardeners, Shepherds, etc., but, I have firmly refused to accept the position, giving my reasons for doing so.

In my opinion these Societies cruelly exploit the poor Medicos who are unfortunate enough to act as their "officers."

To liberate our brethren (who in many cases would be glad to throw up the Societies, if others could not be found to take their places) from the slavery of the clubs, and improve the status and income of the profession as a whole, I sincerely hope that the present inquiry may lead the Medical Council to declare the acceptance of contract practice infamous conduct from a professional point of view.

(Glasgow.)

2852 (Abstract) About fourteen years ago I held a Society, which paid me the usual rate, viz., 3s. per member. I gave them the same medicines exactly as if they had

been private patients, and visited at least as assiduously. In one quarter the cab-hires to one member alone were more than the sum paid for the entire quarter's work. I relinquished the Society, fully convinced on this and other grounds that no such organization could ever pay, if the work were done honestly and the best of drugs were supplied. I have never regretted the step. Ever since then I have refused to allow my name to be brought forward as an applicant for surgeon to any club.

(Town: Scotland.)

2887 I did hold an appointment for three months about two years ago, and resigned at the end of the first quarter. The name was the Tontine; the salary 3s. per member per annum. I had to visit within three hours of a call, and sign a sheet to prove my visit. After deducting my bare tram-car fares, my exact remuneration for each case, whether seen at the house or a visit (and they were mostly visits, though I have now no record of them), with medicine, was 4d. (fourpence). I accordingly resigned.

(Town: Lancs.)

2903 (Abstract) Individual members have confided to me that they would be willing to contribute twice the present sums towards medical attendance, or even as much as 10s. per annum, if they could rely on being looked after properly by the club doctor.

(Town: Glam.)

2923 Rates are most assuredly too low. Not less than 5s. per annum per member, and for such a sum the maximum amount of attendance might very reasonably be limited—say by a total period of time, as in most sickness and accident insurance benefits.

Wage limit, 30s. per week. Where there are more than two children the wage limit might reasonably be reduced by 5s. per week for each extra child until able to earn at least that sum per week.

While I am not prepared to allege that, for a certain class of the public, contract practice does not remain necessary, I am equally certain that the contract is very much abused by the public. Personally, I am decidedly averse to contract practice in any shape, and would prefer to visit the poor or the working classes for a very moderate fee per visit (say, 2s. 6d. or 2s.), with even some reduction for long attendance, rather than undertake a contract which I could not hope to fulfil with satisfaction to my patients or myself. My view is that persons who cannot afford 2s., or in special cases 1s. 6d., per visit or consultation are fit subjects for charitable treatment. From a full knowledge of the poor classes in Glasgow—acquired in connexion with hospital and free dispensary work—I feel sure that a very large proportion of those who avail themselves of the contract doctor could afford to pay a moderate fee for each attendance.

In my own experience the members of "Societies" who have most respect for themselves and the doctor, do not avail themselves of the services of the "Society doctor" much—beyond asking him to certify them as proper recipients of sickness pay.

I have never taken clubs. I have been approached by a "Tent" of Rechabites, and was offered 2s. 6d. (which I was told might be raised to 2s. 9d.) per annum per member—to include medical attendance and medicine gratis.

I wrote them that the Order, which calls itself "Ancient and Independent," might be ancient, but that, if the terms which they offered me were customary among them, they were far from independent, and were rather parasitic upon the medical profession.

(Glasgow.)

2940 (Abstract) I think the general system of clubs, so far as known to me, is utterly unsatisfactory: (a) Giving work at absurdly unremunerative fees; (b) tending in some cases to cause individual carelessness on the part of the club doctor; and (c) hurtful to the respect due to the profession and to its individual members. As regards the second of these points, it may be instanced by the fact of a doctor telling me that his wife frequently dispensed mixtures of peppermint water with cochineal, or of chloroform water with cardamoms, when he was out, or was too tired or too lazy to trouble about the case. As for the effect on the club members, I have been told by a patient that he could have gone to his club doctor, but that he (the patient) did not think he could get much for 9d. per quarter, and that he preferred to pay me a fee and

get his medicine from a druggist. Further, I have frequently been asked to visit a patient, and have then learned that, as it was "only the club doctor" who was in attendance, the patient thought I would have no objection to visit another man's patient. Similar instances could be quoted easily, all tending in the same direction.

2952 I hold no appointment to any Friendly Society, Provident Association, or club, nor have I now, nor at any time have had, a private club.

I did hold an appointment to a Friendly Society (Rechabite), but gave it up as the committee desired to institute a juvenile branch. I absolutely refused to have anything to do with a juvenile branch on any terms whatever. I understand that, after meeting with some difficulty, the committee got another man who took the appointment.

I have always held that the rates paid in—3s. per annum for attendance and medicine—were much too low, and I have again and again told members of such Societies that the rates paid by them are grossly unfair and constitute a sweating system.

I would be glad to hear that members of the profession over the country had agreed on a minimum rate of 6s. per annum, and refused to accept a less amount.

(Town: Scotland.)

3007 (Abstract) I have always felt, as a medical man, that my services are worth more than 1d. or 2d. a week to any one, and, if the interesting people are too poor to pay the fees I charge, I would sooner attend them for nothing; it is my strong and unalterable opinion that all contract practice is derogatory and undignified, and contrary to the best interests of the profession.

(Town: Surrey.)

3042 (Abstract) The great objection I have is that members who have joined years ago and have risen to good position still claim the doctor's services for the 4s. per annum. For instance, an ex-mayor of, who was a major of Volunteers and a well-known estate agent, with a beautiful house of rental not less than £75, called me in. Another, a farmer with thirty cows and large farm.

(Town.)

3051 (Abstract) I gave up all my clubs, because our local Medical Society decided that 5s. per annum should be paid. A more astute practitioner obtained them at the old price, 2s. 6d., and has since died full of age and money. I have never had the slightest reason to regret my action.

The moral is:

Unless the profession is true to itself in this matter there is little use in individual men sacrificing themselves or running the risk of lowering their balance at their bankers or in their cash-box, to the benefit of other men. I lost over £50 per annum at a time when I could not afford it.

(Town: Yorks.)

(III) INFORMATION AS TO WAGE LIMITS OR EQUIVALENT PROVISION.

As the replies to the inquiry on this subject left certain points in obscurity, further inquiries were addressed to those respondents who indicated that they had been able to obtain some arrangement of this kind.

These supplementary questions were as follows:

1. Is your right to exclude persons unsuitable in respect of means obtained through a rule or resolution of the club of which you are medical officer? If so, can you forward me a copy of the rule or resolution in question?

2. Have you any kind of written agreement conferring on you this power? If so, can you forward me a copy of the agreement?

3. Is the right peculiar to yourself or enjoyed by other club doctors in the district?

4. If the right is peculiar to yourself, in what way did you

obtain it? Or, if it is a common arrangement in the district, can you inform me how the arrangement was arrived at?

Extracts are given below from those replies which gave evidence of some actual arrangement, or custom, or definite exclusion:

4663 My answer to enclosed requires modification. I have only on two occasions, I think, objected to attend persons on account of their means, and probably their withdrawal at once was voluntary, as I have no knowledge of any actual rule of club forbidding them to join on that account.
(London, S.W.)

4670 I have no rules or regulations from the clubs, or any agreement whatever. I do not know anything of the other doctor's arrangements here. When a candidate comes to me for admission I always inquire what he is and his residence. Should I think his circumstances too good, I should communicate that fact to the secretary of the club, and the probabilities are he would not be admitted. I have never had to do such a thing, as my club members are nearly all labourers averaging about 30s. a week. They constantly come to be readmitted, in consequence of work being slack, when they get out of benefit. Now and again it happens that a man rises in the world and does not like to throw up his club, but under those circumstances I should attend him.
(London, N.)

4671 (1) The rule was purely a verbal agreement with local secretary, but always held to so far. (2) No. (3) I cannot say. I am sorry I cannot help you further. The club was started about four years ago, and the secretary came to me. I told them I would take it on certain conditions, of which the above was one.
(Norfolk.)

4672 (1) My attitude in regard to people of means, as club members, is of my own making. There is no rule or resolution of clubs on the point. (2) I have no written agreement of any kind with any of my clubs. (3) I do not know if my neighbours exercise a prerogative in this matter, though I do not doubt they would expect something extra in case of prolonged illness or frequent visits. This is usually readily agreed to by the patient, without referring to the Club Committee. (4) It is not a matter that has been arranged with the clubs. Each case is dealt with as it arises. Up to now I have had no difficulty, the patients being usually anxious to pay something more than the club subscription. I believe in my report I said that the cases of this kind were very few in my district, as nearly all the club members are very poor.
(Cambridgeshire.)

4674 Our united practice consists of districts in the Union—in all eighteen parishes—and when my present partner joined me—over thirty years back—we decided that we would be servants but not slaves to the general public, and we have always loyally worked together. We have no opponent resident in either district. About a dozen practitioners come in from outside to pick up a few shillings, and occasionally a branch surgery is started by one of them, but has always come to nothing. I am absolutely, and my partner to a somewhat less extent, master of the situation. I admit that the conditions are unusual, but if every practitioner would act as we have done the profession would stand at a higher level.

4675 I obtained the power of declining to attend new members of unsuitable pecuniary position in the following manner: When the local clubs united to form an institute they rejected the applications of the medical officers for increase of pay, etc., and refused to recognize a wage-limit. This particular club, being desirous of retaining my services, requested a conference with me, which resulted in my terms being acceded to, the right to reject unsuitable candidates in point of opulence being one of them. The plan has worked well, and I have only once or twice found it necessary to exercise the right of rejection, which, as a matter of fact, I prefer to the wage-limit so much objected to by the clubs. I must therefore answer your points 1 and 2 in the negative. (3) As far as I know, the right is not enjoyed by any other club doctor in this district. (4) Is answered by the above explanation.
(Norfolk.)

4694 No doubt I am peculiarly situated; my house is six miles from any other doctor. I am afraid I forget my exact replies to your questions, but believe they referred to one or two clubs that are away from competition and were newly started a few years ago, and I made the stipulations when I entered into arrangements with them. I did this in the hope of extending to others and also inducing my neighbours to adopt something similar. I think my replies were short, but indicated what I was doing, and it would be an advantage if extended. Quite possibly my position is more independent than usual, even where there is little competition. (Dorsetshire.)

4695 When some 7 years ago the clubs in dismissed the various surgeons to the lodges and formed a medical institute with a surgeon of their own, the club with which I am professionally connected instructed their secretary to write to me a letter accepting my terms and retaining me on those terms as the surgeon to the lodge.

My terms were:—

1. Subscription to remain as before, 4s. per member per annum.

The surgeon to have the discretion of refusing a candidate on financial grounds as well as health (this rule not to be retrospective).

2. The letter giving the assent of the club to this rule I unfortunately cannot find.

3. Three other doctors, I believe, have the same discretionary powers, which I presume were arrived at by agreement between the clubs and their respective surgeons. (Norfolk.)

4696 (1) Some years since the club members were not satisfied with their medical attendant, with the result that some of them asked the other doctors in the town to attend them as club patients. Hence, no doctor has the monopoly of any particular club, and when a new member wishes to join he goes to the doctor he wishes to attend him and asks to be examined and placed on his list. Therefore, if the doctor considers the proposed member unsuitable either financially or otherwise he can decline to receive him on his list.

If a member is dissatisfied with his medical attendant he gives notice that he wishes to take his name off that doctor's list, and can then ask one of the other doctors to attend him.

(2) I have no agreement of any sort.

(3 and 4) We all claim the right to decline to attend any particular individual.

If a patient has the right to select his club doctor surely the doctor should have the right to select his club patients. (Huntingdonshire.)

4699 I cannot remember stating in my replies to the questions re "contract practice" that I could refuse to attend any case on the plea that the means of the patient did not entitle him to the benefits of a "club," after the patient had once joined the medical branch of any slate club.

As I, however, see the members who join that section of the club before they join, I have always considered that I had the option of refusing such the medical benefits of membership. I have never yet had occasion to test this however.

The slate clubs which look upon me as their medical officer are small (30 to 40 members each), and there exists no set of rules defining my duties or those of the members, except that they must attend when possible at my surgery, and at the regular hours, bringing their own bottles.

They certainly are run in an informal and friendly way, and I do not remember ever having given any promise to attend members of the clubs except verbally to their representatives.

I am sorry not to be able to give you any more precise information on the subject of your inquiries.

I have never had any friction with any members of the clubs save in one case where a secretary absconded with money due to me and to others. (Sussex.)

4701 For my own part I have been accustomed for more than thirty years, during which I have held contract practice, to use some discretion in this matter, but not as of right; and I have found the secretaries of clubs—such, for example, as the Foresters—amenable to reason in cases of well-to-do members. (Carnarvonshire.)

4703 I am medical officer for three clubs, first a private club for men, women and children; second, the Juvenile Oddfellows, and third, the district branch of the Loyal Caledonian Corks.

For the first club I only admit persons who are in sound health and whom I know to be unable to afford to pay for long illness. They are nearly all labourers and their wives and children, and if anyone asked me to admit them into the club who could afford to pay I should decline to do so.

With regard to the Juvenile Oddfellows and Loyal Caledonian Corks, before members are admitted they have to be medically examined by me, and although I can find no written rule regarding the financial standing of members it was understood when I was asked to become medical officer for both these clubs that it was only for working men and their sons, and during the fifteen or sixteen years I have attended the Juvenile Oddfellows they have never brought me up a boy to pass into the club who was not quite eligible as regards his parents' position. I have attended the "Corks" since its formation here, and we have the same unwritten understanding. If either of the clubs were to bring up a candidate for admission whom I considered unsuitable I should at once inform the committee that the club was not intended for such persons, and if they persisted in doing so I should at once tell them to appoint another medical officer. I could not make a hard and fast line as regards the wages a man is earning, because I thought a married man, with five or six children, earning say 25s. a week was worse off than a single man earning 16s. a week. So that all I can say is that our mutual understanding seems to have worked very well up to the present.

4704 I have given up my private club and find I can do better without it. Those who were in all come to me and pay 2s. 6d. for consultation and medicine now, and 4s. for visit and medicine. The two clubs I have I informed the secretary that if any new members-elect came to me and I considered their means were above average Friendly Society man's lot I should refuse them without giving any reason. This they agreed to, but I have not had to exercise this right so far.

I consider 30s. with not more than two or three children and 35s. with more—the limit.

Unfortunately, I fear I am the only one here who considers a wage limit.

4706 1. The club asked me to be medical officer. I replied in writing that I would, provided I had the power to refuse unsuitable persons in respect to means. They accepted verbally, so I have no document to show. This has gone on about six years, but I am resigning this month. I believe the Minerva Society of Birmingham have such a clause in their rules.

2. No.

3. Not usually.

4. Simply because I would not act as their medical officer without it. Another works club I am officer to has no such rule, but in it there has been no abuse.

(Birmingham.)

4707 I will answer your questions seriatim:

1. No.

2. No.

3. To myself, I believe.

4. I have no rule, resolution, or agreement with any of the Friendly Societies to which I am surgeon. Some years ago I found there were two large flourishing tradesmen in one of my clubs, so I informed the secretary that I should exercise the same privilege of accepting or declining members on my list as the members themselves have of being on or off my list. The names were removed, and I am not troubled with it now. Of course, I gave the secretary verbally three-months' notice that I should decline to accept these men as club patients after that date. I fear the other medical men here have not taken any decided stand in the matter. (Yorkshire.)

4708 1. The club in question was very small, and I no longer act as M.O. to it. With me contract work is "taboo." The right to exclude unsuitable persons was obtained by my saying I would not continue to hold the appointment unless I had such right. I specified to the club committee certain persons, members, whom I flatly refused

to attend at 4s. per annum. There is no club rule bearing on the question.

2. I had a written stamped agreement between myself and the club; but as I have now given up the club, I destroyed it. The club is now without an M.O., and is content so to be.

3. My right was, I believe, unique.

4. I obtained the concession in 1896, when we had a very brisk club battle here. The club knew they could get no local man to supplant me, and all attempts to introduce "outsiders" failed.

There are very few clubs now in —, but I fear that the agreement of ten years ago is now being forgotten. I heard of a "cabman's club" being taken on by a "very leading firm of practitioners" in the town. This was probably done in a moment of thoughtlessness, and certainly not with an idea of underselling, and the club is a *very small one*.

I am much in sympathy with the Wandsworth proposal for a uniform system of "contract work"—namely, none; and I think the treatment vouchsafed to the National Deposit Society quite uncalled for, and very premature and unwise. Their system contains the germ that will prove the solution of the question—namely, "insurance against loss by doctors' bills." (Cheshire.)

4709 I think an answer to question 4 covers the ground of your inquiry. I have always, before accepting a Friendly Society appointment, insisted that I should have the right of examining new members and accepting or rejecting them for other reasons than health alone. Still, I do not think this quite satisfactory, as the arrangement is verbal only and I have no near opposition to contend with. (Warwickshire.)

4710 Answers: No. 1, No; No. 2, No; No. 3, cannot say; No. 4, I believe it has always been the custom in this practice. Only on one occasion has a person been sent to me; him I refused to attend, and he was at once withdrawn. The secretary called to express regret for sending him. I have little or no difficulty with my clubs. Most of the members agree that the pay is much too little, and in some cases I have been feed. There is one great cause of complaint, and that is cheap insurances; by that I mean that men are brought to be examined as if for a club, when really it is only to find out if they are sound for the purpose of insurance, and so do the doctor out of a fee. (Devonshire.)

4712 Perhaps my statement was too general. It is simply that we have before now declined to attend when patients in a comfortable position have expected the same attention as a good private patient. (Staffordshire.)

4713 I enclose a copy of the rules of the Hearts of Oak Benefit Society Medical Agency, which, I think, will answer your questions. It is quite a small club, and the power of declining to attend persons whom I consider unsuitable in respect of means is given me by the first rule. (Nottinghamshire.)

4719 Possibly my reply to your inquiry was misleading.

All I meant was that when a man presented himself for examination for a club whom I considered in better circumstances, I could, and did, decline to admit to this club at 4s. per annum. In the five clubs that I have I never have any trouble in this matter, or any other. Having been here twenty years, I know their position in life and their ability to pay a proper fee.

In the very few cases where patients improve in circumstances I refuse to attend them as club patients, and they understand. (Middlesex.)

4768 Many years ago, when the idea of a Foresters' Court was mooted for this small town, several of the better-class shopkeepers, solicitors, master tradesmen, and the like, were willing to enroll, with the view and more for the purpose of encouraging the movement as an example to the wage-earning class, whose benefit was the direct aim. It being pointed out, and these persons not expecting or intended to receive benefit as financial members, were placed as honorary members, and they and the Court quite recognize that they receive no medical benefits from me as Court surgeon. Other members occasionally and voluntarily pay their medicine bill and relieve me of this.

I am not aware of any written agreement other than the general rules of "the Foresters' Court."

The same principle was carried out in a benefit society in a village where I practised formerly. Most of the villagers joined the society, paying annual subscriptions, etc., but many of them, the better-to-do, paid me, optionally, for medical attendance received, at usual rates. (Roxburghshire.)

4767 1. When the club was first formed about fifteen years ago I stipulated that certain men should not be allowed to join it. They paid me 1s. a calendar month each for member and family up to 14 years of age, as in quarry districts; but I gave this club up, as involving too much time and worry, about two years ago.

2. No; I had no written agreement. (Merionethshire.)

4722 I have pleasure in replying to your queries regarding the conditions under which I accepted a club here in my practice, and in enclosing you a copy of these conditions.

1. My right to exclude from medical treatment as club patients persons unsuitable in respect of means is by a condition made on my acceptance of office.

2. There is no written or stamped agreement.

3. I do not know and cannot say if this right is peculiar to myself. I have no further experience in club work.

4. See conditions of acceptance:

[COPY.]

Proposed Tontine Club.

Dear Sir,—In reply to your personal application to me to undertake the medical officership of the above benefit society, I am willing to do so subject to the undermentioned conditions:

I. That I am not balloted for against any other medical gentleman or otherwise elected by a competition.

II. That the annual capitation fee for attendance (professional) and medicine be not less than 5s. a year per member, in the proportion of 3s. 6d. to the medical officer and 1s. 6d. to the chemist for dispensing medicines and such-like requirements.

III. That the wage limit of members, other than honorary, do not exceed thirty shillings (£1 10s.) a week.

IV. That all candidates for admission into the society be examined on behalf of the society, and a fee of (say) 2s. be paid by the society for the consequent certificate.

V. That consultation fees, as for administration of chloroform, or for assistance at operations, shall be paid by the society.

VI. That the area in which patients (members) are to be visited at their homes be defined and coloured upon a map, the area being previously agreed upon.

VII. That all printed matters, certificate forms, prescription papers, etc., be provided by the society.

VIII. That the professional fees be subject to revision after the first year if found necessary and practicable.

I understand that a medical neighbour, living about two miles from quarries, draws 1s. a month from quarry club men, and that this 1s. is stopped from the men's wages, in the pay office, monthly. This shows that even the working classes will pay what is asked if left to themselves. It is the professional under-bid which lowers the price of club practice. (North Wales.)

4727 In reply to your letter of June 15th I have to answer to

No. 1.—No.

" 2.—No.

" 3.—Peculiar to myself.

" 4.—Extended reply given below as follows:

A short history of the club in question will probably give the best answer to Question 4. It was established ten years ago, shortly after I settled in this place. I examined all candidates myself, receiving a fee of 1s. for those whom I passed. I was very strict in this examination, and rejected freely. The club has never been a large one, and has never been very troublesome to me. When I accepted the office of medical attendant I did so on the strict understanding that I would not be called on to attend to any one suffering from drink or venereal disease, except as a private patient. I have no agreement ratifying this.

Some years after its establishment, the club became very lax in its payments, at one time being three quarters in arrear. I accordingly wrote the secretary, drawing his attention to the fact, and informing him that in future payments must be made regularly, that I should supply no drugs, as I had done heretofore, and that I should not in future accept any one as a club patient whom I had not myself passed, *i.e.*, that members of the same Order coming into the neighbourhood should not be put on my list without my consent.

My reason for inserting this last condition was that a publican, belonging to a club in another place, and who boasted of an income of £500 a year, had got his name added to my list and gave me a good deal of trouble. I also wished to prevent myself being saddled with aged members from other clubs.

The club through their treasurer accepted the above conditions verbally. I have no agreement with them on these points, but I shall certainly stick to my position.

I may add that I have had a large experience of club practice in Manchester where I formerly practised.

Had I refused to accept the position of medical officer when it was proposed to establish such a club the proposal would have fallen through.

4741 I hope the following will help to make clear the points you ask about: 1 and 2. No; there is no rule or resolution on the subject; but I made the arrangement with the club verbally when I took it over from my predecessor. By doing so I lost one club—the "Foresters"—for some years as a neighbouring practitioner was ready to do so, and came to reside about two miles from here, and tried to use this as a means of getting work in my district. However, when he left the club came back to me.

3. The only other club doctor in this neighbourhood who has fought the clubs is Dr. P. of K—, who made quite a revolution in his district. Most probably you will see a further report of it in his answers. This, as far as I know, is the only case in our neighbourhood. But almost all the clubs admit well-to-do members as benefit members, who don't care to draw the 10s. or 12s. a week when ill, but think the doctor well paid at 5s. per annum for attending them. These are often the most influential members of the club, and are generally managers on account of their better business capacity and position.

The chief rule that Dr. P. of K— made when here was not the income of the member, but he took as the test "employers of labour," as opposed to "wage earners," or those who merely worked for themselves. Amongst the farmers, there are so many grades that it was the easiest way to differentiate. (Herefordshire.)

4768 1. I should decline to take any club in which I did not have the right to exclude persons unsuitable in respect of means. I declined a club on this ground recently.

2. I have no written agreement of any kind with any club, but before I agree to act as medical officer to a club I always stipulate that any new members are to see me personally before being admitted for sick benefit, and I

give them a written certificate to take to the club secretary intimating that I approve them as suitable. If unsuitable, I refuse them.

3. If asked to take a new club, I always make careful inquiry to satisfy myself that all the members are really of the poorer class, and decline the club unless I am satisfied.

4. If I find a person whose means appear too good for attendance on club terms in any club of mine I simply write to the Secretary and intimate to him that I cannot attend this person on behalf of the club. The wage limit I adopt is 30s. per week. I only take people who receive less than this as club patients.

5. I regret that I am unable to say if other doctors in the district reserve to themselves the same privilege; I fear it is not always so.

6. I obtain the "right," if right it is, by making my own terms entirely when offered a club; the key to the whole position is to make one's own terms in the beginning, and if the club does not accept them, to firmly decline any further negotiations.

4901 On inquiry I find that I have no contract with any of my clubs, and that no rules or resolutions confer upon me the right of excluding members from medical benefits on account of means.

Years ago I told the secretaries of my clubs that I should exercise the right if I thought fit, and they take a sensible view—my view, that is—of the question.

I have only once refused to attend, or, rather, brought a case to the knowledge of the secretary, and the member at once agreed to my terms, so the question was not really raised. This was in a M.O. Foresters' Club.

The secretaries of the clubs agree that I have the right to refuse to admit a candidate to medical benefit on account of means—by custom, I imagine—but I doubt if I could refuse to attend a member who was already admitted. My clubs are, thank God! very friendly affairs, and I am quite sure I could get a rule or resolution passed if I thought fit to raise the question, which at present I do not.

The answers to the four questions are therefore:

1. Neither.
2. No.
3. Doubtful.
4. By tacit acquiescence.

4918

1. No.
2. No.
3. I do not know.

4. I have not had much experience of clubs, the one in which I have treated one member as a private patient is a Club. The only member I have seen fit to treat in this way was the landlord of the public-house where the club meets. He came to me, and though I knew he was a member I sent him in an account, and he has paid part of it and promised the rest. I did not consult him about it. I should do the same again. I have passed all the members into the club, and I think there are only two whom I should treat in this way.

D.—AN ANALYSIS OF THE PROVISIONS CONTAINED IN THE RULES OF ORGANIZATIONS WHICH AFFECT THE MEDICAL PROFESSION,

INCLUDING

(1) OBJECTS AND CONSTITUTION; (2) TERMS OF EMPLOYMENT OF MEDICAL OFFICERS.

I. PERMANENT FRIENDLY SOCIETIES (CENTRAL). II. SICK BENEFIT SOCIETIES CONNECTED WITH SPECIAL OCCUPATIONS.

III. LOCAL FRIENDLY SOCIETIES. IV. DIVIDING SOCIETIES. V. FRIENDLY SOCIETIES' INSTITUTES.

VI. PROVIDENT DISPENSARIES. VII. PRIVATE CLUBS. VIII. PUBLIC MEDICAL SERVICES.

I.—Permanent Friendly Societies (Central).

I. Constitution.				II. Terms of Employment of Medical Officers.					4. Condi- tions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Admini- stration.	Honorary Members.	I. Conditions of Appointment.		2. Definition of Duties.		3. Remuneration.	
				(a) Election.	(b) Distribu- tion of Work.	(c) Tenure.	(d) Form of Con- tract.	(a) Ordinary Services.	(b) Spe- cial Ser- vices.
ODDFELLOWS.									
"Loyal Caldicot Castle" Lodge (Chepstow Dis- trict)	Funeral insur- ance; sick relief; medical attend- ance; assisting members in dis- tress	Unlimited number of members		Appointed by major- ity of members present at a sum- moned meeting of Lodge	Single officer	Pleasure of Lodge	Rules	Examine all candi- dates; attend sick members, and pro- vide proper and sufficient medicines	
"Loyal Beacon" Lodge, No. 636	Funeral insur- ance; sick relief; medical attend- ance	"		Elected by majority of members of a summoned meeting	Single officer	6 months' notice of discharge	Rules	Examine all candi- dates; certificate of candidates' state of health; attend those who are ill; supply all necessary medi- cines, and give sick- pay certificates	Residence within 5 miles of Lodge.
"Thistle of Scot- land" Lodge, Branch No. 101	Same as above	"		Appointed by general body of Society	Single officer	Pleasure of Lodge	Rules	Attend all sick candi- dates; give certifi- cate of each mem- ber's incapacity to follow general occu- pation	Residence within 2 miles of Lodge
"Nile Desperan- dum" Lodge, Branch No. 86	"	Same as above over 16 years of age		Elected by Lodge	Single officer	Pleasure of Lodge	Rules	Examine all candi- dates; attend sick members, and pro- vide proper and sufficient medical and surgical atten- dance. Visit if mem- ber unable to come to surgery	Residence within 2 miles of Moniaive.
Loyal Lord Hinch- inbrook Lodge, No. 2558	"	Unlimited number of members	Any person above the age of 18 on an ex- tra fee of 10s. 6d. and an annual fee of not less than 5s.	Elected by majority of members present at summoned meet- ing of Lodge	Single officer	Pleasure of Lodge	Rules	Examine candidates; attend sick mem- bers, and provide proper and sufficient medicines	Residence within 3 miles from Lodge.
Harston				Duly-registered sur- geon appointed by majority of votes of members at sum- moned meeting of Lodge	Single officer	Mutual agree- ment of surgeon and the Lodge	Rules	Examine and report on all candidates for admission; at- tend all sick mem- bers, and provide with proper and sufficient medicines. Visit if member un- able to attend sur- gery	4 miles from Lodge.

Lodge Loyal Spensley (M.U.)	Qualified medical practitioner, appointed by a majority of votes of members at a summoned meeting	Single officer	Pleasure of Lodge	Rules	Examine candidates; sign certificates; attend sick members and provide proper and sufficient medicine	4s. per member	3 miles from Lodge.
Widows and Orphans Refuge Lodge	Qualified medical practitioner, appointed by majority of votes of members at a summoned meeting of Lodge	Single officer	Pleasure of Court	Rules	Examine all candidates; sign certificates; attend sick members	6s. per member, paid half-yearly	Residence within 3 miles from Lodge.
Tonbridge Lodge	Duly qualified medical practitioner, appointed at a summoned meeting of Lodge	Single officer	Pleasure of Lodge	Rules	Examine candidates, attend sick members, and provide proper and sufficient medicines and surgical attendances	Such sum as shall be determined, paid quarterly	Residence within 3 miles of the Great Bridge.
Loyal Stoke Newington Lodge (M.U.)	Qualified medical practitioner, appointed by majority of votes of members at a summoned meeting	Single officer	Pleasure of Lodge	Rules	Examine all candidates; sign certificates; attend sick members, and provide proper and sufficient medicine	4s. per member	3 miles of Lodge.
Loyal "Heart of Oak" Lodge (Hale District, M.U.)	Appointed by majority of votes of members at a summoned meeting	Single officer	Pleasure of Lodge	Rules	Examine all candidates; attend sick members, and provide proper and sufficient medicine	Such sum as general meeting may deem adequate per member	Residence within 3 miles of Lodge house.
Birmingham District Plymouth District (Juvenile)	Surgeon, appointed in each Agency	Several, choice by members Single officer		Rules	Examine all candidates; attend and provide medicine for members	2s. per member	Residence within 3 miles of Lodge.
"The Municipal Lodge"	Elected by Lodge	Single officer	Pleasure of Lodge	Rules	Examine all candidates, attend members, and provide proper and sufficient medical and surgical attendance. Visit if member unable to come to surgery	Salary paid half yearly out of sick and funeral funds	Residence within 2 miles of Lodge.
"Loyal Helmsburgh Lodge" (M.U.)	Surgeon elected at a summoned meeting	Single wage-doctor; members may choose own surgeon, other than Lodge surgeon	Elected annually	Rules	Examine new members; give certificates; attend sick members	2s. 6d. by new member in the event of his falling sick during first six months. Paid half-yearly from the management fund, such sum per annum as may be agreed upon	Residence within 3 miles of Lodge.
Prince of Wales Lodge, Juvenile Friendly Society (M.U.)	Appointed by a majority of votes of members present at a summoned Committee of Lodge	Single officer	Pleasure of Lodge	Rules	Attend all sick lame, or otherwise afflicted members, and provide medicine, examine all candidates	Such sum per annum as a majority of members think proper, payable half-yearly Paid quarterly	3 miles from Lodge.
"Winchester Juvenile Oddfellows" Friendly Society	Qualified surgeon	Single officer	Pleasure of Lodge	Rules	Examine all candidates and give certificates; attend all members, and provide proper and sufficient medicine	Extra for fees, trusses, cupping, and splints in case of fracture	

I.—Permanent Friendly Societies (Central)—continued.

II. Terms of Employment of Medical Officers.

I. Constitution.				1. Conditions of Appointment.				2. Definition of Duties.			3. Remuneration.		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	Services not Included.	(a) Ordinary Services.	(b) Special Services.	
ANCIENT ORDER OF FORESTERS													
Court Choriton No. 7655	Funeral insurance; sick relief; medical attendance; assisting members in distress	Unlimited number of members	Any person at the age of 21 years by paying 10s. 6d.	Registered practitioner elected by Court	Single officer	During pleasure of Court	Rules	Examined all candidates, attend such members, their wives and families, and provide with proper and sufficient medicines during sickness. Visit if member unable to come to surgery			Male adult, 3s.; wives of members, 3s. 6d.; members' children under 13, 3s.; over 13, 3s. 6d. Per member, 4s.	Mid-wifery, 10s. 6d.	Residence within 3 miles of parish church; contribution optional. Residence within 3 miles of court house
Court "Cobden," No. 4876	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Election by Court; to be a member	One surgeon	Annual appointment	Rules	Examine all candidates, attend sick members, and provide with proper and sufficient medicine during their affliction. Visit if member unable to come to surgery			No definition in rules.		
Court "Star of Suffolk."	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Registered practitioner elected by Court	Several surgeons; members elect doctor, giving 6 months' written notice when a change is desired	At pleasure of Court	Rules	Examine all candidates for admission, furnish certificates attend sick members, provide with proper and sufficient medicines, and perform any surgical operations that may be necessary			Per member, 3s.		Residence within 2 miles of court.
Court "Marquis of Lansdowne"	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Registered practitioner elected by Court	Single surgeon	Annually appointed	Rules	Examine all candidates, attend sick members, sign sick pay certificates, provide sick members as to condition once in 14 days and provide proper and sufficient medicines			Adult male, 3s.; females, 4s.; probationary, 2s. (be beyond 3 miles pay 1s. per mile for extra distance)		3-mile radius.
Court "Victoria Royal."	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Member appointed by Court	Single surgeon	At pleasure of Court	Rules	Examine all candidates, attend sick members, and provide proper and sufficient medicine. Visit if member not able to come to surgery			4s. per member		Residence within 4 miles of court house
Court "Industry," No. 4464	Same as above	Same as above	Any person above the age of 21 years by paying a fee of 10s. 6d.	Registered practitioner elected by Court	Single surgeon	At pleasure of Court	Rules	Examine and give certificates to candidates, keep register of members on sick pay. Visit if members unable to come to surgery. Visit member employing another doctor		Court shall pay for medical expenses incurred for members by surgeon			Residence within 3 miles of the court room.
Court "Neidpath," No. 5949	Same as above	Same as above	Any person above the age of 21 years by paying a fee of 10s. 6d.	Registered practitioner elected by Court	Single surgeon	At pleasure of Court	Rules	Examine all candidates, and duly certify as to their constitution, state of health, etc. Supply proper and sufficient medicine. Sign visiting form once a week			2s. 6d. per member		Residence within 3-mile radius
Court "Loya Bangor," No. 2936	Same as above	Same as above	Any person at the age of 21 years by paying a fee of 10s. 6d.	Benefit or honorary member, appointed by Court	Single surgeon	At pleasure of Court (special meeting)	Rules	Examine all candidates, attend sick members, and provide proper and necessary medicine and surgical assistance. Give certificates			3s. 6d. per member		Residence within 3 miles of court.
Court "Arts and Sciences"	Funeral insurance; sick relief; medical attendance; assisting members in distress	An unlimited number of members	Any person at the age of 21 years and upwards by paying 10s. 6d. and an annual subscription of 4s.	Registered practitioner elected by Court	Single surgeon	At pleasure of Court	Rules						

Court "Hickman," No. 964	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Honorary or benefit members elected by Court	Two surgeons	At pleasure of Court	Rules	Examine all candidates, attend sick members, and provide proper and sufficient medicine	4s. per member	Residence within 3 miles of court house.			
Court "Rose of England"	Same as above	Same as above	Any person at the age of 18 years by paying 10s. 6d.	Benefit members elected by Court	Single surgeon	At pleasure of Court	Rules	Examine all candidates, attend sick members, and provide proper and sufficient medical and surgical attendance. Visit members if unable to come to surgery	Member above 6 months' standing, 2s.; under 6 months' standing, 1s.	Residence within 3 miles of court house.			
Court "Jed Forest,"	Same as above	Same as above	Same as above	Registered practitioner elected by Court.	Single surgeon	At pleasure of Court	Rules	Examine all candidates, attend sick members, and provide proper and sufficient medical and surgical attendance. Visit members if unable to come to surgery	3s. per member	Residence within 3 miles of court house.			
Name of Society.	Objcs. ts.	Constitution and Administration.	Honorary Members.	(a) Election	(b) Distribution of Work.	(c) Tenure	(d) Form of Contract	(e) Ordinary Services.	(f) Special Services.	(g) Services not Included.	(h) Ordinary Ser- vices.	(i) Special Ser- vices.	
SHEPHERDS, Rob Roy Lodge (Dumarton Dis- trict)	(1) Funeral insur- ance; (2) sick- ness relief; (3) medical attend- ance; (4) contrib- ute such sum to the central fund as may be deter- mined	Unlimited number of members, who shall appoint their own officers and trustees, and gen- erally conduct the business of the branch	Any respectable person above 18 years may be ad- mitted by paying 10s. 6d. and 5s. per annum	Duly quali- fied medi- cal practi- tioner appointed by Lodge	One or more	Pleasure of Lodge	Rules	Examine all candidates, sign certificates, visit sick members, and pro- vide proper and sufficient medical and surgical certificates to sick members		Sum agreed upon		Three miles of Lodge house.	
Vine Lodge (Essex District)	(1) Funeral insur- ance; (2) sick- ness relief; (3) medical attend- ance	Honorary mem- bers, benefit mem- bers, 5 elective offi- cers, 4 non-elective officers, 3 trustees and a Committee of Management	Above 21 years	Same as above. Must be or become an honorary or financial member	Single officer	Pleasure of Lodge, 3 months' notice on either side	Examine as above: visit sick or injured member and provide proper and sufficient medical and surgical treatment and medicines; visit mem- ber unable to come to surgery; visit club member once a week; member attended by other practitioner	Make out week- ly certificates for all mem- bers under treat- ment, whose illness is of more than 3 or more days. Member suffer- ing from an in- fectious disease, he shall pay the sick alment instead of the Sick Steward				Three miles from Lodge road.	
"W. E. Gladstone" Lodge													
DRUIDS, "Star in the West" Lodge (Taunton and West Somer- set District)	(1) Funeral insur- ance; (2) sick re- lief; (3) medical attendance; (4) assist members in distress; (5) contribute such sum as may be required to a central fund	Consist of un- limited number of members, who shall appoint their own offi- cers and trustees, and generally conduct the business of the Lodge	Persons admitted after 21 years on payment of not less than 10s. 6d. as en- trance fee, and 5s. per annum, and be entitled to all rights and privileges	Elected by Lodge	Single officer	Pleasure of Lodge, 3 months' notice either side	Examine all candidates, attend sick members	5s. per mem- ber. Members over 3 miles pay surgeon 1s. 6d. per mile after first 3 miles, mileage charged one way	3 miles from Lodge.				
"Earl of Carrick" Lodge (Glasgow District)	Same as above	Same as above	Persons may be ad- mitted at any age after 21 years on payment of 21s. May not take elective office, but may take degrees, and shall have no claim on the funds of Lodge, District, or Order	Same as above (must become an honorary member)	Same as above	Pleasure of Lodge, 3 months' notice either side	Examine as above. Attend all members. Give certificates. Visit members once a week, though attended by other practitioner	2s. 6d. per member					

I.—Permanent Friendly Societies (Central)—continued.

II. Terms of Employment of Medical Officers.

Name of Society.	I. Constitution.			1. Conditions of Appointment.				2. Definition of Duties.		3. Remuneration		4. Conditions of Admission to Medical Benefit
	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	(a) Ordinary Services.	(b) Special Services.	
RECHABITES. Glasgow District.	(1) Funeral insurance; (2) sick pay; (3) medical attendance; (4) temporary assistance for members in distress; (5) payment of necessary expenses of management and contributions to central fund. Same as above	Consist of unlimited number of members over 15 and not above 50 years of age, who have signed and adhere to the declaration of principles of Order and have signed the pledge	Any person over 16 years of age may be admitted an honorary member upon payment of 2s. 6d when proposed, and 4s. yearly. May hold office, but not entitled to sick or funeral benefits	Duly-qualified medical practitioner appointed by majority of summoned meeting of Tent	Single officer	Pleasure of Tent.	Rules	Examine all candidates. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men		Sum agreed upon	?	Three inmates from Tent-room.
Mizpah Tent, Lancashire & Yorkshire District	Same as above	Same as above	Same as above. Female honorary members to contribute one-half of above rates	Duly-qualified medical practitioner appointed by Tent	"	"	"	Examine as above. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men	Same	"	?	"
Anchor of Hope Tent, Southampton and West Hants District	"	Consist of unlimited number of members over 15 and under 45, who have signed and adhere to the declaration	Same as above, except that no age is stated	Same as above	Two or more if necessary	"	"	Examine as above. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men	Same as above	"	"	"
"Livesey" Tent, Berks., Bucks., and Oxon. District	"	Same as above, except that no age is given	Any person over 16 years of age may be admitted an honorary member upon payment of 2s. 6d when proposed and 4s. yearly. May hold office, but not entitled to sick or funeral benefits. Female honorary members to contribute one-half of above rates	"	Single officer	"	"	Examine as above. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men	Same as above	"	?	"
Willowfield Tent, Belfast District	"	Consist of unlimited number of members over 15, who have signed and adhere to declaration and have signed the pledge	Same as above, but no female rate mentioned	"	"	"	"	Examine as above. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men	"	"	?	"
"Sid" Tent, Exeter District	"	Same as above	Same as above	"	"	"	"	Examine as above. Attend sick members, provide and send proper and sufficient medical and surgical liquors, if supplied, to be labelled as other medicines. Sign certificates of members attended by other men	"	"	?	"

II. Terms of Employment of Medical Officers.

I. Constitution.				1. Conditions of Appointment.				2. Definitions of Duties.		3. Remuneration		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services, Included	(a) Ordinary Services.	(b) Special Services.	
Free Gardener Hanley Fire (Juvenile) Lodge.				Elected by Lodge	Single officer	Pleasure of Lodge, one month's notice either side	Rules	Examine all candidates over 9 years of age and sign certificates. Attend all members and provide proper and sufficient medical and surgical attendance. Keep register of all sick members.		18 6d. per member		3 miles from Lodge house.
St. Clement's Lodge	(1) Funeral insurance; (2) sick pay; (3) medical attendance; (4) relief in distressed circumstances	Unlimited number of members and Committee of Management	Any person over 15 years, on payment of not less than one guinea, may vote or hold office and have no claim on the funds of the Lodge or Order.	Number of Lodge	"	"	"	Examine all candidates. Attend sick members and provide proper and sufficient medical and surgical attendance. Keep register of all sick members.		Sum agreed upon		3 miles from Lodge room.
"Honeysuckle" Lodge, Kirkcaldy District	Same as above	Members over 16 and under 40	Any person above 16 years, on payment of at least 1s. may not have privilege of voting	Elected by Lodge. Must be member, either honorary or financial	"	Pleasure of Lodge, 3 months' notice either side	"	Examine as above. Attendance as above.		Sum agreed upon		3 miles from Lodge house.
Rose of Balloch Lodge, Ayr District	Same as above	Unlimited number of members and shall be governed by a committee of Management	Any person not less than 16 years, not have privilege to vote					Sign certificates				

II. Terms of Employment of Medical Officers.

I. Constitution.				1. Conditions of Appointment.				2. Definition of Duties.		3. Remuneration.		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services, Included	(a) Ordinary Services.	(b) Special Services.	
SONS OF TEMPERANCE	(1) Funeral insurance; (2) Sick relief; (3) Temporary assistance	Unlimited number of members above the age of 1 year, who are abstainers and have taken the pledge		Elected by meeting	Single officer	Pleasure of Division		Examine all quarterly candidates. Furnished with list of members entitled to medical treatment whom he shall attend and furnish with proper medicine. If intoxicated, liquors are furnished, to be labelled as other medicine. Same as above.		Such sum as agreed upon		3 miles from Division-room
				Qualified practitioner elected by meeting	Single officer	Pleasure of Division		Same as above		Such sum as agreed upon		3 miles from Division-room

II.—Sick Benefit Societies Connected with Special Occupations.

II. Terms of Employment of Medical Officers.												
I. Constitution.			1. Conditions of Appointment.				2. Definition of Duties.			3. Remuneration.		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	(a) Ordinary Services.	(b) Special Services.	
Mechanics				Committee of Management shall be either a benefit or honorary member of Lodge	Two or more	Pleasure of Lodge	Rules	Examine all candidates, sign certificates, attend all members whose names are on list supplied by Lodge Secretary, and furnish proper and sufficient medical aid and medicine		Sum agreed upon		Every member, wife or child, eligible for medical aid on payment of such additional personal contribution as may be agreed upon between Lodge and Medical Officer.
Mechanics				Chosen by Lodge	Several	Pleasure of Lodge	Rules	Examine all candidates, visit sick members at least once a week, and may be required to forward to lodge monthly a report containing names of members under his care at date of each report		Fee for examination to be paid by candidate		
United Boiler-makers Glasgow				Elected by meeting	One	Yearly	Rules	Attend all sick members, sign certificates, list of members in benefit supplied to surgeon at beginning of each quarter		3s. or 4s. per member		
II. Terms of Employment of Medical Officers.												
I. Constitution.			1. Conditions of Appointment.				2. Definition of Duties.			3. Remuneration.		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	(a) Ordinary Services.	(b) Special Services.	
Midland Railway Friendly Society	(1) Relief and maintenance during sickness; (2) medical attendance; (3) old age allowance; (4) funeral insurance	In all persons over 14, employed by railway		Appointed by Managing Committee	Appointed for districts	"	"	Attend members surgical and medical, provide proper and sufficient medicines		Such sum as agreed upon		
Great Western Railway Provident Society	Relief in sickness, medical attendance, and funeral insurance	Unlimited number of members over 18 and not exceeding 30 years		Appointed	"	5 years' appointment	"	Attend members, give medical and surgical aid		4s. per annum paid yearly		Two miles from some station in district.
Sudbrook Great Western Railway Workmen's Sick and Benefit Society	Sick relief	Unlimited number of members						Medical attendance on member, wife, and children up to 15 years of age		13s. per member		

III.—*Local Friendly Societies.*

II. Terms of Employment of Medical Officers.											
I. Constitution.			1. Conditions of Appointment.				2. Definition of Duties.		3. Remuneration.	4. Conditions of Admis- sion to Medical Benefit.	
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	(a) Election.	(b) Dis- tribution of Work.	(c) Tenure.	(d) Form of Con- tract.	(a) Ordinary Services.	(b) Special Services.	(a) Ord- inary Ser- vices.	(b) Spe- cial Ser- vices.
Hampshire and General Friendly Society	(1) A weekly sum in sickness; (2) weekly pension in old age; (3) sum payable at death; (4) sum payable at end of term of year as endowment; (5) relief in distress	Benefit and hono- rary members	Honorary members contribute not less than £5 by donation or 5s. yearly sub- scription	Honorary con- sulting physi- cian appoint- ed by Central Body				Examine and report upon all proposals, medical cer- tificates, and other matters			
Kempston Friendly Society	(1) Funeral insur- ance; (2) sick re- lief; (3) medical attendance	Unlimited num- ber of persons of both sexes over 1 year of age	Any person over 21 years, on payment of subscription of 10s. or upwards annually, may serve in any office and entitled to vote	Elected	Single officer	Pleasure of Com- mittee		Examine all candidates, attend sick members, and provide proper and suffi- cient medicines			
King Protestant Benefit Society (Liverpool)	Same as above	Unlimited num- ber of persons, who must be Pro- testants		Qualified phy- sician or sur- geon, appoint- ed by meeting	"	"		Examine all candidates Attend sick members within 3 hours after receiving notice. Sign sick notes and certificates. Dispense all things necessary to cur- members (fees excepted) Attend members and provide medicine		Such sum as agreed upon	Resi- dence within 3 miles of Society's room
Stowey Friendly Society (Nether Stowey, Somer- setshire)	"	Honorary and benefit members	Pay certain sum. May not receive any benefit or relief		"					4s. per member	5 miles of club room
Benefit Society of the Hundreds of Iddon and Clavering	"	Unlimited num- ber of persons over 10 years of age	Any person giving a donation of £5 on annual subscription of 5s., not entitled to any benefit		One or more for each district			Examine candidates. Supply medical and surgical aid etc. Visit once a week sick members on list. Sign cer- tificates	Trusses, elastic stockings, not ex- pected to be pro- vided by surgeon	Not ex- ceeding 6s. per member	
Union Friendly Society (Rocester)	"	Persons over 1 year of age	Persons over 16 years on payment of annual contribution of 5s., no claim on fund nor fill any office	Qualified medical practitioner	Single officer	Pleasure of Society		Examine candidates. Sign certificates. Provide pro- per and sufficient medical aid and surgical aid and medi- cines		Such sum as agreed upon paid yearly	3 miles of regis- tered office

IV.—*Dividing Societies.*

II. Terms of Employment of Medical Officers.

Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	I. Conditions of Appointment.				2. Definition of Duties.		3. Remuneration.		4. Conditions of Admission to Medical Benefit.
				(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	(a) Ordinary Services.	(b) Special Services.	
TONTINE SOCIETY. Edge Hill Congregational Church P.S.A. Brotherhood, Tontine Society	(1) Funeral insurance; (2) medical attendance and medicine; (3) sick relief	Unlimited number of members, who must be members of the P.S.A., over 17 years and under 45 years of age at entry		Duly-qualified physicians or surgeons	One or more	Yearly (?)		Examine all candidates. Attend members and supply proper medicine. Cases of emergency must attend within three hours. Sign certificates		4s. per member		Attend those members not residing in Cheshire and within 3 miles of society's registered office.
Humanity and District Dividend Society	Benefit of those who may become sick or unable to follow their employment, and for the encouragement of moral and prudential habits, and the relief of the industrious poor in time of sickness	Society to commence in June, and continue the following June	Subscriptions to go to reserve fund					Sign certificates		3s. per member		
St. Paul's Parochial Benefit Society	Provision in cases of sickness or death	Members must be Protestants	Persons not ordinary members appointed to any office to which there is no emolument, and shall be entitled to vote	Duly-qualified doctor	One			Attend members and provide medicine		Sum agreed upon		Residence within 2 miles of church.
North Liverpool P.S.A. Tontine Society	Funeral insurance, sick relief, medical attendance, and medicine	Unlimited number of members, between 16 and 45 years of age, and must be Protestants		Member of R.C.S. and Licentiate of Apothecaries' Company	"			Examine candidates, Attend and supply members with proper medicine at least two hours after message	Confine-ments	3s. per member	1 guinea allowed by Society per member for special cases	
Chatsworth Road Tabernacle Slate Club, N.E.	Sick relief, funeral insurance, and annual division of surplus funds	Unlimited number of members		Appointed annually	"			Examine candidates, Attend and supply members with medicine		4s. per member		Residence within 2 miles of Chatsworth Road Tabernacle.
All Saints, Hatcham Park, Slate Club	Sick benefits	Any person residing within a mile of All Saints Church, over 18 and not exceeding 45 years eligible			"			Examine. Sign certificates		"		
Shipping Federation, Shipworkers' Annual Sick Benefit Club	Sick benefit, and in death or accidents		On payment of a year's subscription of £1 7s 6d exclude from sick benefit		"			Attendance, advice, and medicine on members. Sign certificates. Keep list of sick members		Such salary as agreed upon		

V.—Friendly Societies' Institutes.

I. Constitution.				II. Terms of Employment of Medical Officers.					3. Remuneration.		4. Conditions of Admission to Medical Benefit.
Name of Society.	Objects.	Constitution and Administration.	Honorary Members.	1. Conditions of Appointment.			2. Definition of Duties.		(a) Ordinary Services.	(b) Special Services.	
				(a) Election.	(b) Distribution of Work.	(c) Tenure.	(d) Form of Contract.	(a) Ordinary Services.	(b) Special Services.	Services not Included.	
York Friendly Societies' Medical Association	(1) Sick relief; (2) medical attendance; (3) suitable place for medical offices; and necessary surgical appliances, committee waiting and consulting rooms	Unlimited number of members over 16 years of age belonging to various registered Friendly Societies contributing to funds of association and widows and orphans above 16 years of age of such members		Appointed by Committee of Management; medical officers must sign agreement for proper discharge of their duties	Several			Attend at dispensary on week-days at certain hours. Examine all candidates and grant certificates. Prescribe and give medical treatment. Visit when necessary	Salary	Confinement is. 6d. Vaccination is. 6d. Members and other persons entitled vaccinated at charge of	Residence within 3 miles of Parliament Street, York
Derby Amalgamated Friendly Societies' Medical Association	Same as above	Unlimited number of members belonging to Lodges of the Society within borough of Derby and wives and children residing within radius of 2 miles of Market Place		Same as above	"			Same as above	"	Confinement is. 6d. Vaccination is. 6d. Dispensary patients within 2 miles of same.	Residence within 3 miles of Derby Market Place. Dispensary patients within 2 miles of same.
Leeds Friendly Societies' Medical Association	Medical attendance on members and families and supply of best medicines	Unlimited number of members		Appointed by General Committee; sign agreement not to commence private practice within a radius of 3 miles of surgery for 3 years after leaving Association	"			Attend members. Examine candidates. Furnish statistical report to each quarterly meeting. See that fires are made in waiting-rooms in winter months by 8 am. Attend at surgery at certain hours	"	Midwifery is. 6d.	Residence within 3 miles of surgery.
Exeter Friendly Societies' Medical Association	Same as above	Same as above		Appointed by General Committee	"			Attend dispensary at certain hours. Attend members and prescribe proper and sufficient medicines. Visit those unable to attend dispensary. Examine candidates. Report to quarterly meeting	"	Midwifery is. 6d. Vaccination is.	Residence within boundaries of third milestones around city of Exeter.

VI.—*Provident Dispensaries.*

Provident Dispensaries.	(A) Objects, and Benefits Provided.	(B) Conditions of Admission.			(C) Contributions.	
		Weekly Wage Limit.	Health.	Other Conditions, if any.	(i) Ordinary Benefit (per week).	(ii) Special.
I. BATTERSEA	To supply medical attendance and medicine	50s.	—	Sick on admission, 3s. 6d. or 5s. extra (adults), 1s. 9d. or 2s. 6d. extra (juveniles)	Adults, rd. and ad.; reduction for juveniles and families	Midwifery fee, 10s. to 25s.
II. BECKENHAM	To provide medical attendance	35s.	Approved by M.O. Higher rate if over 50 years	—	Adult rd.; reductions for juveniles and families	rd. for medicine to M.O.; 12s. 6d. towards midwifery fee.
III. BRIGHTON, HOVE AND PRESTON	To provide, on provident and self-assisting principles, medical attendance, advice, and medicine during illness	Unable to pay in ordinary manner	Had small-pox or vaccinated	Not in receipt of Poor-law relief	Adult rd.; reduction for juveniles	Governors' Fund, which goes to pay expenses.
IV. COVENTRY	To provide efficient medical advice, attendance, and medicine during illness	40s.	—	Sick on admission 10s. extra	Adult rd.	Midwifery Fund; vaccination 2s. 6d.; 21s. midwifery fee.
V. EALING COTTAGE HOSPITAL & PROVIDENT DISPENSARY	Do., do.	Working classes	—	Sick on admission 10s. extra	Adult rd.; reduction for families	10s. 6d. towards fee.
VI. EAST DULWICH	Do., do.	30s.	—	Sick on admission 5s. extra	Adult 2d.; reduction for juveniles and families	21s. midwifery fee; vaccination 1s. and 2s. 6d.; antitoxin 2s. 6d.; operations, fractures, and dislocations 5s. to 10s.; general anaesthetic 5s. Midwifery fee 15s. (total).
VII. LEICESTER AND LEICESTERSHIRE	To provide attendance and medicine	Working people unable to pay in ordinary manner	Approved by M.O.	Sick on admission 10s. extra	Adult rd.; reduction for juveniles and families	Midwifery fee 21s.
VIII. LICHFIELD	To enable the benefit members, resident in Lichfield, or within three miles from Guildhall, to claim on easy terms, at all times, medical attendance, medicines, &c., in cases of sickness or accident	15s. single; 26s. married with families	Approved by M.O.	Sick on admission 5s. extra	rd.; reduction for families	rd. for medicine; midwifery fee 15s. (total); 1s. extra to M.O. sometimes in "sudden" cases.
IX. MANCHESTER AND Salford	To provide medical relief for the working classes of Manchester and Salford	Approved artisans and others	—	Sick admitted on special terms	rd.; reduction for juveniles and families	rd. for medicine (up to 3d. a week).
X. WALWORTH (BRANCH OF METROPOLITAN PROVIDENT MEDICAL ASSOCIATION)	Objects of Association are: (1) To provide, by means of small periodical payments, efficient medical treatment and medicine for those of the working classes who cannot pay ordinary fees; (2) to co-operate with hospitals to relieve latter, and also to refer to them unnecessary or instructive cases	30l.	Good	Wives and children of members of certain Friendly Societies	rd.	—
XI. ST THOMAS (EXETER)	To provide attendance and medicine	25s.	Good and approved by M.O.	Sick on admission, 10s. to 15s. extra	Adults, rd. and ad.; reductions for juveniles and families	10s. to 15s. towards midwifery fee.
XII. SALISBURY AND SOUTH WILTS.	To enable the artisan and labouring classes, by small periodical payments, to insure medical attendance and medicine	Working classes	Approved by M.O.	Sick on admission, 5s. extra	Ditto, ditto	Midwifery fee, 10s. 6d. (beyond 1 mile 15s.).
XIII. SIDMOUTH DISPENSARY	To provide attendance, medicine, and free vaccination for people unable to pay a medical man adequately	30s.	—	Not in receipt of Poor-law relief	Adults 13d.; reductions for juveniles and families	Midwifery fee, 21s.
XIV. TUNBRIDGE WELLS AND RUST HALL	To enable persons living in or near the borough or parish of Rusthall to secure for themselves and their families medical advice and medicine during illness	35s.	—	—	rd. per member; reduction for large families	Midwifery fee 10s. 6d. 1st confinement 21s.
XV. VAUXHALL AND DISTRICT	To enable members to ensure for themselves efficient medical advice and medicines during illness	—	Good	Approved by Committee and M.O.; not in receipt of Poor-law relief	Adults 13d.; reduction for families	—
XVI. WINCHESTER	To provide medical attendance for persons whose income is proved to Committee to be insufficient to pay the usual charges; no shopkeepers admitted nor servants earning more than £10 per annum	—	Good	—	—	—

(D) Medical Staff.

Provident Dispensaries.	System of Payment of.	Mode of Selection of.	Distribution of Work Among.	Duties of.	Rules as to Dismissal of.
I. BATTERSEA " " " " " "	Balance of total payments divided among M.O.'s	By Committee	Pat't's choice of district M.O.'s	Attend their patients	M.O.'s appointed annually.
II. BECKENHAM " " " " " "	86 per cent. of general fund in 1902	—	Do.	—	—
III. BRIGHTON, HOVE, AND PRESTON " " " " " "	Benefit payments divided according to members entered under each	Registered, resident	Do.	Attend his patients and attend meetings if requested	Three months' notice.
IV. COVENTRY " " " " " "	62 per cent. of general fund; share of each not to be more than £400	Registered	Do.	Prescribe, visit, keep register, and manage dispensing department	—
V. EALING COTTAGE HOSPITAL AND PROVIDENT DISPENSARY " " " " " "	All benefit payments go to M.O.'s	—	Do.	Attendance	—
VI. EAST DULWICH " " " " " "	80 per cent. of benefit payments goes to M.O.'s	Qualified, resident, unconnected with any other dispensary	Do.	Prescribe, visit, keep register, and manage dispensary	Three months' notice.
VII. LEICESTER AND LEICESTERSHIRE " " " " " "	rs. 9d. or more per provident member	Registered	Do.	—	Do.
VIII. LICHFIELD " " " " " "	Benefit payments divided amongst M.O.'s; also balance of other income	All registered practitioners within three miles willing to act	Do.	Medical and surgical attendance, and ordinary medicine. Not obliged to attend particular cases, but must notify refusal at once	Do.
IX. MANCHESTER AND SALFORD " " " " " "	50 per cent. of ordinary benefit payments goes to M.O.'s	By Committee, with approval of Council	Do., and no M.O. to have more than 1,500 families on his list	Prescribe at dispensary and visit	Do.
X. WALWORTH (BRANCH OF METROPOLITAN PROVIDENT MEDICAL ASSOCIATION) " " " " " "	A fixed proportion of benefit payments; also possible share of any annual net surplus	Registered	Pat't's choice of district M.O.'s	Attendance at dispensary morning and evening, visit, keep register, and give statistics	Do.
XI. ST. THOMAS, EXETER " " " " " "	—	One M.O.—namely, the M.O. of certain Friendly Societies	—	Attend, prescribe, give medicine	—
XII. SALISBURY AND SOUTH WILTS. " " " " " "	Benefit payments divided among M.O.'s according to cards held	Qualified, resident, and approved by Committee	Pat't's choice of district M.O.'s	Attend their patients	Three months' notice.
XIII. SIDMOUTH DISPENSARY " " " " " "	—	—	Patient's choice	—	—
XIV. TUNBRIDGE WELLS AND RUSTHALL " " " " " "	Total of provident and honorary members' subscriptions after expenses are paid is divided among M.O.'s	Registered and bona-fide practising in district	Do.	One at least attends at dispensary daily, and ordinary attendance	—
XV. VAUXHALL AND DISTRICT " " " " " "	—	Only one M.O.	—	—	—
XVI. WINCHESTER " " " " " "	Benefit payments divided among M.O.'s	Three is the permanent number. Filling of vacancies rests with Committee	Do.	Medical and surgical attendance	—

(F) Medical Representation in Management.

Provident Dispensaries.	(1) Rule.	(2) Actual Proportion.
I. BATTERSEA " " " " " "	All the M.O.'s	36 per cent.
II. BECKENHAM " " " " " "	Do.	—
III. BRIGHTON, HOVE AND PRESTON " " " " " "	Honorary M.O.'s	—
IV. COVENTRY " " " " " "	All the M.O.'s	43 per cent.
V. EALING COTTAGE HOSPITAL AND PROVIDENT DISPENSARY " " " " " "	Do.	—
VI. EAST DULWICH " " " " " "	Six	24 per cent.
VII. LEICESTER AND LEICESTERSHIRE " " " " " "	Six (who must, however, contribute at least 10s. per annum)	A large proportion.
VIII. LICHFIELD " " " " " "	All the M.O.'s	A small proportion.
IX. MANCHESTER AND SALFORD " " " " " "	Not less than two of the M.O.'s	Less than 40 per cent.
X. WALWORTH (BRANCH OF METROPOLITAN MEDICAL ASSOCIATION) " " " " " "	All the (four) Branch M.O.'s	—
XI. ST. THOMAS, EXETER " " " " " "	M.O.'s may attend meetings, but have no vote	—
XII. SALISBURY AND SOUTH WILTS. " " " " " "	—	—
XIII. SIDMOUTH DISPENSARY " " " " " "	All the M.O.'s	21 per cent.
XIV. TUNBRIDGE WELLS AND RUSTHALL " " " " " "	—	—
XV. VAUXHALL AND DISTRICT " " " " " "	All the (three) M.O.'s	20 per cent.
XVI. WINCHESTER " " " " " "	—	—

(E) Honorary Members.

I. BATTERSEA " " " " " "	Admitted
II. BECKENHAM " " " " " "	About forty
III. BRIGHTON, HOVE AND PRESTON " " " " " "	Admitted
IV. COVENTRY " " " " " "	Do.
V. EALING COTTAGE HOSPITAL AND PROVIDENT DISPENSARY " " " " " "	Do.
VI. EAST DULWICH " " " " " "	Do.
VII. LEICESTER AND LEICESTERSHIRE " " " " " "	Do.
VIII. LICHFIELD " " " " " "	Do.
IX. MANCHESTER AND SALFORD " " " " " "	Do.
X. WALWORTH (BRANCH OF METROPOLITAN MEDICAL ASSOCIATION) " " " " " "	Do.
XI. ST. THOMAS, EXETER " " " " " "	Apparently no provision
XII. SALISBURY AND SOUTH WILTS. " " " " " "	Admitted
XIII. SIDMOUTH DISPENSARY " " " " " "	Do.
XIV. TUNBRIDGE WELLS AND RUSTHALL " " " " " "	Do.
XV. VAUXHALL AND DISTRICT " " " " " "	—
XVI. WINCHESTER " " " " " "	Admitted

Serial No.	Object.	Wage limit, etc.	Payments.	Services.	Arrears.	Extra Services.	Hours.	Distance.	Supplies.	Health on Joining.
1	To enable working classes to insure for themselves medical advice and medicine	Mechanics, labourers, and other working persons unable to provide advice and medicine in usual way	Quarterly in advance; 3s. 6d. for men, women, and children to 12 years; 1s. 6d. for single man, 1s. 6d. for single woman, 7½d. for child to 15 years	Exclude midwifery, surgical operations, fractures, dislocations, severe injuries, attendance on domestic servants in service	3 months arrears; exclude for further 3 months	Fees not specified	9-10 a.m.; messages before 9 a.m.	Not specified	Own bottles or pay	No benefit for first 3 months.
2	Not specified	Not specified	1s. month, family up to 14 years	Not specified	If subscription not paid monthly excluded from benefit.	Midwifery 1s. 8s. to 2s. cash; engagements must be made 3 months in advance. Vaccination 2s. 6d. cash. As 1	9.30-10.30; 7-8	Moderate distance; specified terms if beyond	"	Good health.
3	Intended for working classes of limited means	21s.	1s. entrance, 1½d. week	Exclude surgical operations, midwifery, surgical operations, accidents, confinements, vaccinations, and certificates	Arrears exclude from benefit 4 weeks exclude	As 1	9.45; 2-2.30; messages before 10 9-10; 6-7	Not specified	"	Not specified.
4	Not specified	After 35s. increased subscription	Weekly or monthly in advance	Exclude surgical operations, and dental work, confinement and 1 month after	"	"	10-11; 6-8	"	"	Sound health, 1 month probation; 7s. 6d. for immediate attendance at entrance.
5	Not specified	Not specified	1½d. weekly collection	Exclude operations, surgical and dental work, confinement and 1 month after	Arrears exclude	Not specified	9-11; 6-8; messages before 11	"	"	Good health, under 50.
6	To enable working classes to insure for themselves medical advice and medicine	Nil	1½d. week or 6d. month	Exclude midwifery, vaccination, surgical operations, and disease due to misconduct	"	"	9-10; 10 for messages	"	"	Sound health.
7	Not specified	Not specified	2s. 6d. quarterly in advance	Medical attendance and medicine	14 days exclude; fine of 6d. for admits	Reduced fee for midwifery and accidents of special character	Surgery hours	"	"	Medical examination fee 6d.
8	Not specified	Working men, women, and children. 35s.	Quarterly in advance; 5s. per member per annum	Exclude confinements, fractures, surgical operations, extraction of teeth, diseases due to misconduct. If members unable to come to surgery, visited in own houses	1 month arrears exclude from benefit of club	Fees not specified	9-10 a.m., 6-7 p.m.	"	Own bottles	Not specified.
9	Not specified	Only people who cannot afford to pay	Payments made quarterly, in advance, 1s. 6d. persons above 14 years, 1s. persons below 14 years	Attendance and medicine for each member and family, excepting adult sons (18 years) who are working	If subscription not paid regularly, forfeit attendance and medicine	Not specified	9-10.30 a.m., 6-7.30 p.m. Sunday, urgent cases only	"	"	Person wishing to become a member, and having sickness in house at time, to pay an entrance fee of 10s., which will entitle him to one month's attendance and medicine.
10	Same as above	Not specified	Quarterly subscription paid in advance, of £1 1s. by each family; boys in employment to pay extra	Attendance and medicine for each member and family, excepting adult sons (18 years) who are working	Same as 9	Confinements, 1s., anaesthetics, 10s. 6d., vaccinations, 2s. 6d., to other extractions, 1s., fractures and surgical operations, according to circumstances of case	9-10 a.m., 5-6.30 p.m. Messages before 10 a.m.	"	"	Six payments before entitled to attendance.
11	"	"	6d. a fortnight	Attendance and medicine for each member and family, excepting adult sons (18 years) who are working	1 month's arrears forfeit attendance and medicine for that month	Confinements, 10s. 6d.	9-10.30 a.m., 6-7.30 p.m.	"	"	Any person wishing to become a member, and having sickness in house at time, to pay entrance fee of 5s., which will entitle him to the month's attendance.
12	"	"	Monthly subscription, paid in advance, of 1s. by each family; boys under 18 and working to pay 6d. a month	Attendance and medicine except cod-liver oil and confinements	1 month's arrears forfeit attendance and medicine for that month	Confinements, 10s. 6d.	9-10.30 a.m., 6-7.30 p.m.	"	"	Any person wishing to become a member, and having sickness in house at time, to pay entrance fee of 5s., which will entitle him to the month's attendance.

	Only residents in village	id. weekly	Not specified	3 weeks' arrears; no longer entitled to benefit but on paying up arrears allowed entrance again. If in arrears family out of benefit	Not specified	8.30-9.30 a.m.	"	Sound health.
13	"	id. weekly	Not specified				"	
14	"	Not stated	Medical and surgical attendance, and medicine, confinements, surgical instruments and appliances extra	If in arrears family out of benefit	"	Before 10 a.m. after 6 p.m. messages before 10	"	Sound health.
15	"	Entrance fees ad., subscription id. weekly in advance	Attendance and medicine Exclude surgical operations, accidents, confinements	1 month's arrears exclude from benefits	"	9, 10.30 a.m.; 6, 7.30 p.m.; Sundays excepted. Message received after 10. visit charged 2s. that day. Visits between 10 p.m. and 8 a.m., 3s. 6d., payable at time.	"	Sound health.
16	Not specified.	Man or woman, 1s. 6d. per quarter; child under 14s. per quarter; families with more than 4 children (mother included), 5s. per quarter	Fractures, dislocations, confinements, miscarriages, teeth extraction, extra	In arrears, not entitled to attendance, and fined 2d. a month. In three months in arrears, struck off list. Whole family must join or the rate of payment increased	"	10 a.m.; messages before 11 a.m.	Not stated	Good health.
17	Not specified	Man, wife, and family, 3s. 6d. a quarter; single member, 1s. 6d. a quarter; in advance (members not paying in advance and on certain dates will be fined 1s. 0d. paying next subscription); children over 14 years either as separate member or private patients	Midwifery, fractures, extra		"	Before 9 a.m.; visits in homes after 9 a.m., charged for the first visit (except accidents or illness)	Own bottles, bandages, trusses	Not specified.
18	Only persons who cannot afford to pay; domestic servants not usually eligible	1s. a quarter above 14 years; 6d. a quarter under 14 years; 6d. fine if payments not made on certain days	Exclude confinements, fractures, surgical operations, or extraction of teeth	In arrears, not attended	"	2 and 3 p.m.; messages at surgery between 9 and 9.30 a.m.	Own bottles	
19	Not specified	Member, 1d. a week; family of 9, 7d. a week; family of 8, 6d. a week; family of 7, 5d. a week; member selected out of family, 2d. a week	Vaccination extra; confinements not attended by doctor; forfeit attendance for following month; teeth extracted gratis	Six weeks' arrears, cease to be member	Vaccination, 1s. 6d.	9 and 10.30 a.m.; 6 and 7.30 p.m.; Sunday 8 p.m.; messages before 10	Own bottles	
20	"	Subscriptions paid in advance, quarterly, half-yearly, or yearly	Patients too ill to attend surgery visited in own homes	If in arrears, not entitled to attendance	Not specified	9 and 10.30 a.m. and 7 and 8 p.m.; urgent cases only on Sunday 9 to 10 a.m., 6 to 7 p.m.; messages before 10	Own bottles	
21	"	Not specified	Exclude confinements, vaccination, teeth extraction, broken bones, dislocations, surgical cases, and special journeys in cases of emergency	If in arrears, no benefit		Before 10 a.m.; messages before 10	Not beyond district governed by Urban District Council	Good health, sound constitution; no benefit for 6 weeks.
22	Persons over 45; weakly children, families of manufacturers, tradesmen earning over 30s. a week not admitted	9d. a fortnight, family including parent and children to 10 years; above 10 years, 3d. a fortnight; entrance fee 1s.	Extra surgical operations	Three payments in arrears do not receive advice or medicine until arrears are paid	Surgical operations charged extra	Surgery hours: messages before 10 a.m.; Sunday, urgent cases only	Own bottles	Two payments before receiving benefits.
23	Not specified	1s. a quarter per member in advance on certain days		At three surgeries: at 8.30 a.m., 10 a.m., and 9 a.m. respectively	Before 10 a.m.		Own bottles	
24	Not specified	5s. annually for adults earning less than 10s. a week; 2s. 6d. in addition for every 5s. above that sum; 3s. for children under 14, to be paid quarterly in advance						
25	Only persons who cannot afford to pay							

VIII.—Public Medical Services.

Name.	Objects and Benefits Provided.	Conditions of Admission.			Contributions.		Medical Staff.		Distribution of work among.
		Weekly Wage Limit.	Health.	Other Conditions (if any).	Ordinary Benefit (per Week).	Special.	System of Payment of.	Mode of Selection of.	
1. The Public Medical Service, Coventry	"To provide efficient medical attendance, at a small weekly payment, for members of families resident in Coventry and Stoke, whose average annual income does not exceed 30s. per week."	30s.	Good (or entrance fee of 10s. 6d.)	10s. 6d. entrance fee if over 50 years of age, results of misconduct excepted	1d.	Over sixty years, 10s. 6d.; ill on admission, 10s. 6d. Cards charged for.	Profits divided quarterly as shall be decided by Committee of Management	On proposition of member—that is, medical officer—and two-thirds majority of Committee of Management Medical man commencing practice in Coventry without an introduction shall not be eligible for election to the service during his first year of residence in the city	Choice of patient.
2. Eastbourne Provident Medical Association	"To enable those persons within the Borough of Eastbourne who cannot pay for medical attendance at the usual charges to secure for themselves and their families the advantages of medical attendance, advice, and medicine during illness."	20s. (single persons) 35s. (families)	Good, ascertained by medical officer	Not Poor-law; results of misconduct excepted	2d. (adults); 1d. (children under 14). Reduction for families whose incomes do not exceed 25s.	Confinement fee, 15s. (pre-payable). Premature labour, 10s. 6d. Proviso regarding confinements, fractures, dislocations, and major surgical operations, 5s. to 45 scale.	Receipts, minus working expenses, divisible among acting medical staff, proportionately to number of members on their lists	Any registered resident practitioner (not practising as a homoeopath), subject to approval of Committee. Medical officers must have no private clubs unless at higher rates. Medical officers must have no professional interest with a medical aid society, etc., which canvasses in the interests of individual medical men, or which swears medical officers	Choice of patient.
3. Hartlepool Public Medical Service	To provide medical attendance (and medicine?)	30s.; but each case on merits	Good, ascertained by medical officer	5s. entrance fee if over 50; no benefit included for confinements, under 14; whole or one month after, family subscription not to exceed 6d. Results of misconduct excepted	1d. (adults); 1d. (children under 14); whole family subscription not to exceed 6d.	Lowest confinement fee, 15s. Surgical operations requiring anaesthetic charged extra.	"His proportion of the funds" payable quarterly to each medical officer	Any members of the Hartlepool Medical Society desirous of acting	Choice of patient.
4. Kidderminster Public Medical Club	To provide treatment and medicine	40s.	Good	Benefit begins after a month's payment has been received. Results of misconduct excepted	1d. (1s per quarter)	Consultations, 5s. The members of the Kidderminster Medical Society accept a fee of 10s. 6d with the officers of their club.	Not stated	Not stated	Choice of patient.
5. Norwich Public Medical Service	"To enable those persons within the City and Suburbs of Norwich, who cannot pay for medical attendance at the usual charges to secure for themselves and their families medical attendance, advice, and medicine during illness, with the advantage of a selection of their medical attendant."	25s. (single persons) 40s. (families); but each case on merits	Good; if treatment required during first month after admission 5s. extra	Visiting fee charged if message not received before 10 a.m. Results of misconduct excepted	1d.; family subscription not to exceed 6d. New members above 10 years, 2d per week. Admission fee 6d. (family or individual)	Lowest confinement fee, 15s. miscarriage, 10s. 6d. Fractures, dislocations, operations, vaccination, and operative dentistry are extras.	After working expenses and reserve deducted, balance divisible quarterly among acting medical officers according to members on their lists	Such members of the Norwich Division of the British Medical Association as are willing to act	Choice of patient, but each acting medical staff has the right to refuse to receive on his list any individual
6. Southampton Provident Medical Association	"To provide medical attendance and medicines for persons unable to pay the ordinary medical fees"		Good, ascertained by medical officer	Benefit ceases if more than a fortnight's arrears if membership ceases if four weeks arrears, then extra is payable to rejoin. Results of misconduct excepted	1d. (in advance)	Midwifery, vaccination, fractures, etc., are extras.	On deduction of working expenses and a sufficient reserve, money divisible among medical officers in proportion to number of patients on their lists	Any registered medical man (not practising homoeopathy) who will join	Choice of patient.
7. Taunton Provident Medical Association	"To enable such persons within the Borough of Taunton as cannot pay for medical attendance at the usual rates to secure for themselves and families the advantages of medical attendance and medicine during illness"	20s. (single persons) 35s. (families)	Good, and for one month after	Messages before 10 and 11 a.m.: subscriptions in advance	1d. (adults); 1d. (children)	Membership card 2d.	Not stated	Not stated	Choice of patient.

E.—REPORTS ON CONDITIONS OF CONTRACT PRACTICE, AND ACTION TAKEN BY LOCAL MEDICAL SOCIETIES WITH A VIEW TO REFORM, IN VARIOUS DISTRICTS.

ABERDARE DISTRICT.

ABOUT four years ago the medical men of the Aberdare Valley met to discuss the question of raising the poundage at the collieries from 2d. to 3d. in the pound. The colliery doctors invited the private practitioners and those holding club appointments, and it was agreed that an increase in the poundage for colliers should be demanded, also that for clubs their fees for midwifery should be raised from 10s. to £1 1s. and attendance on families from 10s. per annum to 20s., and those families who paid a guinea to £2 2s.

After a great many meetings the colliers yielded; by this union amongst medical men all of us profited to the extent of 50 per cent.

In the district of Aberaman about eight months ago the members organized a fund to form the appointments in that district, and four medical men were found who accepted the positions. The rules, regulations, and low salaries were such as to constitute a gross piece of sweating and exploiting the labour of the medical officer.

With the invaluable aid of the South Wales and Monmouthshire Branch, the local practitioners combined, and the whole thing is crumbling to pieces, if not already defunct.

Two medical men resigned as soon as the position of affairs was explained.

The colliers now can see what a serious position they are in, inasmuch as no member of the Branch will meet any one of their staff in consultation. I venture to say that the status of medical men has gone up 50 per cent. since this combination and union amongst us.

EVAN JONES, Aberdare,
Member of Council, South Wales and Monmouthshire Branch.

BIRMINGHAM.

THE first attempt to organize the profession in Birmingham with the idea of improving the conditions and terms of contract practice took place in 1867, when a strong Medical Committee was formed, and supported by prominent laymen, to deal with the matter. Every local practitioner was pledged to take no contract work unless the rate of pay was raised to 5s. per head per annum, and the taking of the pledge was practically universal. The rates for contract work previously existing varied from 2s. 6d. to 3s. 6d. per annum, with a decided predominance of the former figure, rates which obviously justified the effort. The Friendly Societies, however, resisted, and by offering to two practitioners a combination of the clubs at the previous rates, found the weak spot in the Medical Union; their terms were accepted by these practitioners, with the result that every one else who held contract appointments signified his intention of taking them at the old rates.

Several more or less isolated efforts were made by the medical staffs of various societies since that time to improve their position. The *modus operandi* was usually a round robin, signed by all the members of the staff, asking for better pay, and this was occasionally successful, but if refused by the clubs petitioned it was found that no further action could be taken, and the matter dropped.

In 1899, however, the local profession was deeply stirred by the action of the Hospital Saturday Committee and Mr. Arthur Chamberlain, who proposed to give to the working classes the benefits of the advice of a universal consultant at the cheap rate of 10s. 6d. per consultation. The local consultants at once united together, under the leadership of Professor Saundby, to oppose such obvious injury to their livelihood, while the general practitioners, who resented the imposition of an unknown consultant upon them, through his appointment as consulting medical officer to their clubs, were equally determined in their opposition to the scheme, the more so as it was flagrantly advertised by pamphlets reflecting on their professional capabilities.

The consultants, it was felt, were able to take care of themselves, as was soon made apparent by the utter failure of the attempt, but the practitioners had no organization to fight for them. Thus was founded the Birmingham and District General Medical Practitioners' Union, a body which still exists, and which has done much useful work for its members. The first object of the Union is "To provide an effective organization for the purpose of dealing with all matters affecting the interests of general practitioners." Hence, naturally, one of the subjects it has had to deal with has been "contract practice." It was felt, however, that the Union could not apply to the clubs at once for an improved rate of pay, but that some reasons must be adduced to justify the demand. Accordingly all the members of the Union who had clubs were asked to keep statistics for the year 1902, detailing the amount paid per head, the number of consultations, visits, and medicines, etc., and to report to the Executive Committee. Many did so, and the report was adopted and published in the *Midland Medical Journal* (the organ of the Union) in May, 1903. Briefly summarized, the conclusions of the Committee were as follows: Taking as a standard the average rate of pay charged in private practice locally to patients of a similar standing, that is, 2s. 6d. per visit, and 1s. 6d. per consultation or mixture, it was found that the payments made by the clubs only realized 65 per cent. of the total, and, therefore, that an increase of 50 per cent. was justified on the rates of club pay. The average rate paid by the clubs whose statistics had been taken was 3s. 4d., and therefore 5s. should be the figure that should be paid. As 1902, however, was an exceptionally healthy year, 6s. was the amount the Committee recommended should be asked. It was, however, soon found that this recommendation could not be enforced; the Union did not feel strong enough to fight the clubs *en bloc* on the matter, feeling that outside men would soon be imported who would take the appointments at the old rate, and the last state would be worse than the first. Accordingly, the Council of the Union were only able to pass the following resolution: "Clubs should not be accepted at a lower rate than 4s. per head per annum," with the qualifying addition to the code (which was throughout permissive in character, *i.e.*, the word "should" was used instead of "shall"). "This code is intended as a guidance in the formation of future contracts, but need not necessarily apply to existing contracts." The full code is printed in the *Midland Medical Journal* for August, 1904. The result hitherto has been practically *nil*, speaking generally, for the Union, though in certain of the "wards" of the Union where every practitioner without exception was a member the code has been carried out in its entirety.

The lessons to be learned from these attempts, it seems to me, are that no organization, however perfect, which is only local, can effectively deal with the important object of improving contract rates and conditions, and that the only hope of amelioration lies in the British Medical Association, which can prevent practitioners from outside districts coming in to thwart the efforts at improvement made by local Divisions. The Birmingham and District General Medical Practitioners' Union is an unregistered body, which cannot enforce its rules upon its members, but the British Medical Association has in many of its Divisions passed rules referring to professional conduct in relation to contract practice and appointments, which have been approved by the Ethical Committee and Council of the Association, and which have already in several districts achieved all the success which could be desired.

E. D. KIRBY, Honorary Secretary,

Central Division, Birmingham Branch, British Medical Association;
Vice-President, Birmingham and District General
Medical Practitioners' Union.

COVENTRY.

ALTHOUGH I, personally, from time to time, during the last thirty years have fought against the abuses of the Coventry Provident Dispensary, it was not until 1892 that any organized attempt was made to deal with them, and if possible bring about some measures of reform.

In that year a meeting of all the medical men in Coventry was called to discuss the question of a wage limit in connexion with the Provident Dispensary and certain clubs, when it was resolved that some measure of reform should be adopted, taking the form of the establishment of a wage limit, and a committee was formed.

Another meeting was held shortly afterwards to receive the report of the committee, when a note was read from a member of the dispensary staff, stating that his colleagues had unanimously resolved to take no part in the matter.

After a good deal of correspondence and negotiation, however, all the members of the profession, except two, met again in March, 1893, and it was agreed that a deputation should lay before the Provident Dispensary Committee the following resolutions which indicated the wishes of the profession:

1. That a wage limit of £2 income weekly, per family, should be established.
 2. That the existing rule respecting consultations should be altered in order to give the dispensary staff the same freedom that they enjoy in private practice.
 3. That each child should be charged 1d. per week.
- The deputation was received and listened to, and then bowed out without comment.

About this time a Public Medical Service was formed, to which any medical man practising in Coventry might belong; the management of it was entirely in the hands of the profession, the fees were a penny a week for each individual, and there was a fixed wage limit of 30s. A collector was employed, necessarily, and therein lay the difficulty of controlling abuse, but I am told that he has the strictest orders not to canvass.

Some three years ago a meeting was held in St. Mary's Hall, at which the Provident Dispensary Staff was not represented, under the presidency of Mr. Langley Browne, for the purpose of fixing a tariff for clubs and Friendly Societies, and all who were present agreed to a minimum of 4s. per head per annum.

Since the new constitution of the British Medical Association came into action, and with it the creation of the Coventry Division, there has been greater unanimity amongst the members of the profession, and almost all practitioners interested in contract practice have come into line as regards a minimum fee of 4s. per head. The various clubs and Friendly Societies have been notified of this decision, and, with the exception of the juvenile branches, have for the most part accepted the terms.

The results, so far as one can at present judge, have been satisfactory, and the objects of the agitation attained.

The profession seems to have at last grasped the idea that union is strength, is acting upon it, and its position locally is distinctly improved.

At the last meeting of the Division a resolution was proposed and carried by a large majority (there being only two dissentients), "That no member of the Division should apply for the post of medical officer to a club or Friendly Society."

The above I believe to be a correct and "impartial" history of the action taken by the profession here during the last 14 years.

J. MILNER MOORE.

CLUB PRACTICE IN DUNDEE.

THERE are in Dundee some thirty clubs or courts connected with the various Friendly Societies. In 1895 the question of club practice was brought before the Branch as the outcome of several complaints by members and the receipt of a letter from the Northern Counties of Scotland Branch. At that time in most cases the rate of payment for medical attendance, with medicine, was 2s. 6d. a year per member, with, in some instances, a fee of 1s. for the entrance examination. After full discussion, a series of resolutions as to minimum fees was adopted. These were then placed before a conference of the Branch with the representatives of the Friendly Societies, and afterwards referred to the clubs individually. In the meantime the members of the profession, whether members of the Association or not, were asked to sign an agreement that in the event of a dispute between a club and its medical officer about the new minimum scale they would not accept the appointment. This was almost universally signed. The issue was that in the course of a year all the clubs, with one exception, were paying the new rates. In

this exceptional case the medical officer resigned, and, unfortunately, one of the men who had signed the agreement accepted the post. His appointment lasted about two years, when it was determined, for apparently personal reasons, and the club appointed a new officer at the revised rates. Here, as elsewhere, the junior members of the profession were proved to be absolutely loyal. The minimum rates at present in force are: Entrance examination, 1s.; medical attendance without medicine, 2s. 6d.; and with medicine, 3s.

No medical aid association has succeeded in getting a footing. There is very little complaint as to persons financially unsuitable taking advantage of the club system.

R. C. BUIST.

COUNTY OF DURHAM MEDICAL UNION.

(Report kindly supplied by the President and Secretaries of the Union.)

THE above Union was founded in December, 1898.

The officers consisted of a President, Vice-President, a Council of twenty-two members (representing the various districts in the County of Durham), and Secretaries and Solicitors.

Dr. E. Jepson, of Durham, was the first president, and, in the seventh year of the Union's existence, is still president.

The objects of the Union were (*inter alia*):

(a) To protect the interests of members of the Union in every respect, but more particularly from unfair competition, and from any attempts that might be made to induce or compel medical practitioners to accept insufficient remuneration for professional services.

(b) To establish and maintain minimum rates of payment for medical contract work in relation to miners, and all classes of workmen, members of Friendly Societies, sick and other clubs, lodges, insurance and other companies and societies.

As soon as possible Local Committees were formed in districts where there were any existing Local Association of Medical Practitioners, or groups of practitioners, with full authority to direct and control their own local affairs, subject to all questions of special importance being referred to the Union and governed by the rules thereof, such local Committees being allowed by the Union reasonable expenses for carrying on the work of the Union.

Each local Committee had a chairman and an honorary secretary.

Later on, when a number of these local Committees had been established, a rule was passed empowering them to recommend one or more members for election on the Council of the Union, and so obtaining thereby a thoroughly representative Council.

The colliery workers were the first to be approached for an increase of remuneration, the maximum fortnightly payment then being 6d.

It was resolved to raise the subscription from 6d. to 9d., and notices, setting out fully the reasons for requesting the increase, were sent to the Secretaries of all the Miners' Lodges in the county.

Many of the collieries acceded to the request at once, but others, led by a few agitators among the men, absolutely refused.

It therefore became evident that local organization was necessary, and in any district where it was desired to raise the subscription from the workers at the collieries a meeting of the local Committee was held, attended by the President and Secretaries of the Union, and formal request for an increased rate of pay was drawn up, setting out reasons for the application, and, where possible, this notice was signed by all the medical practitioners of the district acting in union.

This notice was generally printed when complete and distributed in the district.

In the event of the request being refused, the medical men declined to attend the patients so refusing.

In some instances the result of this action was to cause the miners to advertise for another medical man of their own.

The Union then inserted counter-advertisements in the newspapers and medical journals, warning outsiders to seek information from the Secretaries before accepting one of these appointments, and it was found that all medical men of any repute invariably did so, and, on hearing the circumstances, withdrew their application.

However, in some isolated cases outsiders were obtained by the miners, but they generally were of such a type that they did not remain very long.

They were, of course, ostracized, both socially and professionally, by the other man in the particular district, and also could not obtain the help of consultants who knew the circumstances.

The result of this uniform action on the part of the doctors was generally most satisfactory, and a great many doctors in the county at the present time have increased their incomes by 50 per cent., although there are also others who have lost heavily by their loyalty, but are continually regaining their patients at the increased remuneration.

If opposition did arise to prevent the carrying out or the obtaining of all that was requested, it was often of a weak and unreasonable nature, and in some cases disappeared.

In some cases, when thought desirable, deputations of miners were met by deputations from the Union to discuss the reasonableness of the demand, but in the majority of cases no great benefit accrued from them owing to the obstinacy of the miners' representatives.

Friendly Society lodges and members of Family Clubs in the towns were also approached in a similar manner by the respective Local Committees.

In one or two of the towns the Lodges formed a Friendly Societies' Medical Association, with a salaried medical man, but in the end they did not flourish.

In some of the towns, and also in some of the country districts, the midwifery fee has been fixed at a minimum of 15s.

In some districts it has not been feasible to raise all the fees, owing to special circumstances, etc., but it is only a question of time before the desired result is attained.

The fact of there being a Union of medical men has produced a good effect in the minds of the industrial classes, who are so thoroughly conversant with Trade Unions; and also the fact of the Union having the services of an old-established firm of solicitors as paid Secretaries added much strength to the Union.

EAST KENT.

REPORT OF COMMITTEE APPOINTED BY THE EAST KENT DISTRICT OF THE SOUTH-EASTERN BRANCH OF THE BRITISH MEDICAL ASSOCIATION, "TO INVESTIGATE THE CONDITIONS UNDER WHICH CONTRACT PRACTICE IS CARRIED ON IN THIS DISTRICT."

130 out of about 200 medical men practising in East Kent replied to the list of questions sent out by this Committee, and a large amount of useful information has been collected.

Of the 70 medical men who ignored our Circular, a certain number, having no Contract Practice, doubtless thought it useless to take any part in the matter. We believe that these form at least half of those from whom we received no reply. Others may, in the press of work, have overlooked it, whilst a few, from suspicious or pessimistic frames of mind, have neglected to assist us.

We congratulate ourselves on having obtained the opinions of those who form the largest and most influential part of the profession, and we feel confident that, if the conclusions at which we have arrived were adopted by the majority, the minority would follow in due course.

There is at present no generally-accepted code on the subject of Contract Practice, so that many practitioners are at a loss to know whether they are doing right or wrong. There is a hazy notion that there are limits beyond which the General Medical Council may take action, but no definite rules. We hope that the conclusions we have adopted will be accepted and acted upon by all medical men in the district and regarded as a standard as to the methods of conducting Contract Practice.

On classifying the answers sent to the circulars, we found that 73 medical men took Contract Practice in some form or other, and that 36 did not. The circulars or letters in the remainder gave such indefinite information that we have omitted them from our consideration.

Friendly Societies.—We find that 55 out of the 73 hold Friendly Society appointments, but that only 14 attend women belonging to Friendly Societies. The fees vary from 4s. to 10s. per annum.

In 30 practices the fees is 4s. od. or 4s. 4d. per annum.

" 19	"	"	5s. od. per annum.
" 10	"	"	6s. od. "
" 2	"	"	7s. od. "
" 2	"	"	8s. od. "
" 2	"	"	10s. od. "

The Juveniles belonging to Friendly Societies pay a fee of 2s., 3s. 6d., or 4s. per year. It is a curious fact that, in some

districts, a medical man receives different fees from various clubs, thus attending some at a lower fee than others.

Private Clubs.—These exist in connexion with 41 out of the 71 practices. The fees are:

In 11 practices, 4s. 4d. per annum.			
" 10	"	"	6s. od. "
" 6	"	"	5s. od. "
" 4	"	"	6s. 6d. "
" 3	"	"	7s. od. "
" 2	"	"	10s. od. "

In the remainder, 8s. od., 12s. 6d., and 15s. 2d. per annum.

In a few cases, the wife and family are charged 1s. a month. The Collector's commission, however, has in many cases to be deducted from these amounts.

Women and children are admitted in these private clubs.

There are a few instances in which private clubs are carried on in connexion with the Premier Medical Aid, the London and Manchester Assurance, and the Victoria Legal Societies.

Estimate per Visit. etc.—It appears that medical men seldom keep any record of Contract work, as in two practices only are estimates given. In one practice with Club fees at 6s. a year, it worked out at 1s. 2d. per attendance, and in the other, at 4s. a year, the sum of 1s. 9³/₄d. is given. It is very necessary to keep accurate records of the amount of work done, and the Committee earnestly hope that the registers sent out to over 50 practices will be accurately kept, and the result sent to the Secretary at the end of the year; mere surmises are of no use, and if any general rise of Contract fees is to be attempted, it is absolutely necessary to be able to *prove* that present fees are inadequate.

The fact that in the two cases mentioned, the one with the higher fees gave the lowest remuneration for actual work done, would seem to show that the records have been irregularly kept.

Collectors.—These are employed in 17 out of the 41 private clubs. In the remaining, the fees are paid at the medical man's house.

Organization.—All are favourable to local combination.

Opinion of Contract Practice.—Taking the 130 who responded as a whole, we find:—

76 are against Contract Practice as at present carried on.

35 express no definite opinion.

19 believe Contract Practice beneficial to the Profession.

With regard to the *Wage Limit*:—

35 approve of it.

28 believe it impracticable.

Many suggestions are made, some very good and some quite impracticable. We have taken advantage of these in drawing up our conclusions.

CONCLUSIONS.

The Committee is of opinion that, speaking generally, Contract Practice should be discouraged as being detrimental to the interests of the profession, but, as its abolition at present would be impossible, we offer the following suggestions to improve the conditions under which it is carried on.

1. (a) That in Friendly Societies, men only should be taken in the Contract. Women (especially married women) should not be accepted.

(b) The medical officer should have absolute discretion as to whom he admits to the Contract. No medical officer should accept any member who has been refused by another medical officer on the grounds that he is able to pay for ordinary attendance.

(c) A uniform fee should be charged to all the clubs in the locality.

(d) The minimum fee should be 6s. per annum for members living within two miles (by road) of the doctor's house, and members living beyond this distance should pay for each visit an extra fee of 1s. a mile (or part of a mile) for any distance over the two miles.

(e) We consider that the custom of appointing one or more medical men as sole medical officers to the clubs in the locality is one that ought to be abolished. It has doubtless arisen from the conviction that club practice is only profitable when the number of members is large, but with a rise in the fees paid by each member, this consideration becomes of less importance. We think that every member of a Friendly Society should have, as is the case at Faversham, the option of choosing his medical man, from such as are willing to accept Contract Practice, at the beginning of each year, or some other convenient period. The Friendly Societies might be the more willing to raise their fees if it gave their members the option of selecting their medical attendant, and the present medical officers to the Friendly Societies would gain,

inasmuch as, although they might possibly have less members to attend, the increase in fee per member would safeguard them from pecuniary loss.

2. Whilst holding the opinion that Contract work which includes women and children is unremunerative and detrimental to the profession, we recognize that there are many people who are unable or unwilling to pay ordinary medical fees. To avoid bad debts and to diminish the clerical work of a practice, it is of advantage to have a local dispensary or Provident Medical Club. This should be managed by the medical men of the locality as a Committee. The Eastbourne Provident Medical Association is an excellent example of this, and a good model to go upon. No lay control should be encouraged, and the medical men should be the sole judges as to who should be admitted. The fees should be on a slightly higher scale than those of the Friendly Societies. Where such a dispensary or Provident Medical Club exists, no medical man should be connected with any so-called private club, but every medical man practising in the locality should, if he wishes, be on the staff of the dispensary or Provident Medical Club.

3. With regard to collectors, we think they should not be employed either for Provident Dispensaries or Private Clubs, but that a Secretary should be appointed to receive the weekly or monthly subscriptions at his office. The objections to collectors are that they are always open to a suspicion of canvassing and are apt to encourage Contract work to increase their commission, and that they are often prejudiced in favour of one or more medical men.

4. With regard to the National Deposit Friendly Society, we consider the general principles are on the right basis, but that some of the fees, especially the 1s. for intermediate visits, and the mileage fee of 6d. beyond two miles, are absurdly low. We recommend that members of this Society (who are often able to pay ordinary fees) should be asked to pay the excess over and above the scheduled fees out of their own pockets. This recognizes the principle that both Society and patient should bear a share of the cost of medical attendance.

5. We suggest that an abstract of this Report, if adopted, be sent to the BRITISH MEDICAL JOURNAL and the *Lancet*, and that a copy be sent to each member of the General Medical Council, and to every medical man practising in East Kent.

We regard it of great importance also that the Council of the British Medical Association be asked to consider the question of drawing up, printing and circulating a code of ethics for Contract Practice, and of appointing officials to visit and advise, when requested, localities desirous of adopting combined action as to Contract Practice.

We also think that as a very small proportion of young medical men have, since the abolition of the apprenticeship system, any opportunity of becoming acquainted with the customs and ethics of general medical practice, it is most desirable that the British Medical Association should furnish every newly-qualified man with a copy of such code.

GREAT YARMOUTH.

THE WORK OF A LOCAL MEDICAL SOCIETY.

(Abstracted from an address delivered at the annual meeting of the East Anglian Branch, July 10th, 1902, by William E. Wylls, L.R.C.P., L.R.C.S. Edin., President of the Branch. See BRITISH MEDICAL JOURNAL, July 26th, 1902, page 236.)

The immediate cause of the formation of the Yarmouth Practitioners' Association was the necessity of dealing with that terrible bugbear of the profession—contract medical practice. It was becoming abundantly clear that without organized combination we as a profession were perfectly helpless in the hands of large and powerful bodies of the public.

The larger Friendly Societies, here as elsewhere, had gradually assumed a dictatorial and aggressive attitude towards those practitioners holding their appointments, and, having already from time to time added to the work and worry already inadequately remunerated under the old régime, now sought to make matters still worse by insisting on including in the duties of the club doctor the attendance, at altogether inadequate rates of payment, on the wives and families of the members. Failing the acceptance of this scheme by the club surgeons, they were threatened with dismissal from their posts, in several instances after twenty or twenty-five years' service; and a medical institute was to be formed, officered by medical men imported by and restricted to the service of the Amalgamated Friendly Societies.

Early in 1896 a meeting of the profession was called by several representative practitioners, which was so well responded to that almost every doctor practising in the borough attended. Just at this time the Incorporated Medical Practitioners' Association had issued to the profession at large a circular letter, calling attention to the advantages of such a union as we were already contemplating, though in some difficulty how best to achieve, and the movement thus originated resulted in the establishment of the Great Yarmouth District Committee, which commenced by enrolling, with one exception, every practitioner in Great Yarmouth. Our first president was the late Mr. T. H. Moxon, a man of high standing and great personal influence and popularity with his *confrères*, who, entering into the movement *con amore*, and bringing to bear his experience, tact, and judgement, and a large capacity for work, contributed very largely to the successful establishment of the Society.

The consideration of the threatened rupture with the Friendly Societies was the first important business which the newly-formed Union was called upon to transact. A circular letter was addressed to all the benefit societies operating in the borough, courteously pointing out the many grievances under which club surgeons were labouring, such as the introduction of juvenile members, of medical aid societies for wives and girls, and the growing practice of the admission to medical benefit of men and women in good social and financial positions, many of whom avowedly joined for the sole purpose of obtaining the services of the medical officer at the low rate of payment which he accepts from the working classes. The Committee drew up a code of terms at which it was agreed to attend club members in the future, and which thus dealt with the vexed question of a "wage limit."

The surgeon to be free to use his discretion as to the admission to medical benefit of any candidate or member whose means are obviously ample enough to enable him to pay with ease ordinary medical charges.

A conference of delegates of the Friendly Societies with the medical men of the borough was requested, but the clubs refused to entertain the proposals made, and entirely ignored the invitation to meet the medical men in conference to endeavour amicably to adjust differences.

The Yarmouth clubs now dismissed their medical officers and devoted themselves to the formation of the medical institute. Had our profession been united this institute would never have been established, for no qualified men would have been found willing to lend themselves to such a scheme, and to assist in defeating their medical brethren in a matter involving the vital interests of the profession; but in its inorganized and feeble condition, men were without much apparent difficulty procured for the posts of institute medical officers.

In accepting these appointments they were knowingly cutting themselves off from all intercourse with their professional neighbours, and it is not surprising that in January, 1897, a resolution was agreed to by the District Committee:

That this District Committee of the I. M. P. A. holds that those medical men who accept the posts of surgeons to the Great Yarmouth Friendly Societies' Institute (considering the circumstances under which it was established) are acting in contravention of the rules and ethics of the profession, and therefore no member can meet such surgeons in consultation, or hold any professional intercourse with them.

This resolution has been strictly adhered to with the one exception of urgency. In cases of real urgency the members of our Society meet the institute surgeons in consultation, but no fee is accepted, and the circumstance is at once reported to our Secretary in writing, and the facts brought before the next ordinary meeting, and entered in the minutes.

Judging from the number of medical officers who have come and gone since its commencement, the institute service has not proved an unmixed delight to those gentlemen who sacrificed their professional prestige to accept the proffered posts! The senior surgeon, however, retained office till the beginning of the present year, when owing, I believe, to an innovation of management involving a decrease of salary, this veteran at length tendered his resignation, and, taking with him one of the institute clubs, commenced practice in the borough. One other club has also since seceded, and returned to its old medical adviser; and one not infrequently hears rumours of others desirous of adopting the same course.

In December, 1896, a subcommittee was appointed to consider the question of the establishment of a provident dis-

dispensary. This Committee, having gone thoroughly into the question, ultimately reported that in their opinion it was inexpedient at that time to proceed to the formation of a provident dispensary, and the matter was therefore postponed for future consideration. Later on the Committee drafted a pooling scheme, called the "Friendly Societies' Medical Service," which embodies several novel features in respect to contract work, and is designed to meet the requirements of clubs finding it impracticable to remain connected with the institute. The main features in the new scheme are: (1) Instead of individual surgeons holding club appointments, and every member of a club being obliged to be attended by the one club surgeon, each patient shall have the right to choose his doctor from amongst the members of the Association. (2) The entire management of the service would be in the hands of the staff and a paid secretary whom they would appoint. The contributions of members would be 5s. per annum for each adult, and 4s. per annum for each juvenile, to be paid quarterly in advance by the secretaries of club to the secretary of the service.

It would be open for any member to change his doctor on giving due notice to that effect, and each surgeon would have a right to decline to take on his list any member whom he preferred not to attend. This scheme in the meantime remains in abeyance, but, so far as our Society is concerned, is ripe for discussion in a conference between the representatives of the Friendly Societies and the medical men if, and as soon as, any overtures in this direction may be received from that section of the public.

Overtures having been received by some of our members to induce them to accept office with the "National Deposit Friendly Society" the matter was brought up for discussion, when it was resolved:

That in the opinion of this Society the rules of the National Deposit Friendly Society as they stand would tend to lower the status and fees of medical practitioners, and therefore it is not desirable that the medical profession should formally recognize this Friendly Society unless rules are added providing some guarantee in the nature of a wage limit, with power to the medical officers in each district to enforce the same;

and it was therefore agreed that it would be contrary to the rules of our District Committee for any member to act as medical officer to this Society so long as it had no proper wage limit. As a result the National Deposit Friendly Society has failed to obtain a footing in this borough.

The District Committee next turned its attention to the question of Medical Aid Societies, with special regard to the pernicious system of indiscriminate canvassing inseparable from the methods by which these societies are worked. In furtherance of this object the Yarmouth practitioners addressed a memorial to all the licensing bodies of the United Kingdom setting forth the abuses which had grown up in connexion with the systems of medical aid, especially by certain Industrial Life Assurance Companies and other lay associations. The principal abuses referred to were thus summarized:

(a) The admission of persons not needing such assistance to medical benefits intended primarily for the relief of the poorer classes.

(b) The admission of women and children to these benefits at entirely inadequate rates of payment for the medical officer.

(c) Specially in the case of industrial assurance and similar societies a system of indiscriminate canvassing, whereby the private patients of other medical men are solicited—directly for the company, indirectly for its medical officer.

(d) The conduct of medical practice by lay organizations purely as a commercial speculation, this being most flagrant where, as in some cases, the medical officer receives a fixed salary; and beyond this amount the fees accruing from his work are appropriated as the profits of his non-medical employers.

The memorial proceeded to recite how one of our members, who had previously held such an appointment, had resigned it; but in the absence of any declaration as to these appointments by the General Medical Council, or by the bodies granting medical qualifications, the Company readily found and appointed a substitute and so defeated the efforts of the memorialists to remedy this abuse. The memorial further submitted that canvassing by lay bodies on behalf of medical men employed by them was contrary to the first principles underlying proper professional relations, and that appointments depending on such canvassing ought not to be permitted to be held by registered medical practitioners.

The memorial concluded by submitting the following questions to the consideration of the licensing bodies:

(a) Is the holding of appointments such as are herein described compatible with the conditions under which your degree or diploma is granted and held?

(b) If the holding of such appointments by your graduates or diplomates does not contravene the existing regulations, does not your Council consider that in the interests of the medical profession and of the public by-laws forbidding such practice should be adopted?

(c) Is not your Senate or Council of opinion that for a medical man to hold such appointments should be declared by the General Medical Council to be conduct "infamous in a professional respect," and if so will your Council instruct its representative on the General Medical Council to support such a declaration?

A copy of this memorial was also sent to every local Medical Society in the kingdom that we were able to discover, with a letter expressing the hope that each local Society might see the desirability of co-operation and the adoption of measures calculated to bring the abuses complained of forcibly to the notice of the licensing and governing bodies. A copy was also forwarded to the editors of the leading medical journals for publication.

In November, 1897, a member of our Association attended a meeting of the Society of Members of the Royal College of Surgeons of England, and spoke in support of a resolution *in re* Medical Aid Associations, and later on two other of our members attended before the Committee of the General Medical Council for conference with representatives of the Friendly Societies, and in conjunction with two of our Norwich *confrères* gave evidence in respect of the working of Medical Aid Associations in Norwich and Great Yarmouth.

In 1899 the one outstanding member of the profession in private practice here resigned all his medical aid appointments, and, having given up his private medical club, ultimately joined our Society, and from that time it has included all the private practitioners in Great Yarmouth.

In connexion with the canvassing question, the subject of private medical clubs occupied the attention of the Society. These organizations were criticized as being undignified and undesirable, likely to cause friction in relation to the patients of family attendants and to foster a system of canvassing, without which, in some form or another, clubs of this kind cannot exist, and it was agreed that no member of our Association should in future form or carry on a private medical club.

In February, 1900, the Society turned its attention to the Liverpool Victoria Legal Friendly Society, which, in conjunction with the National Medical Aid Company, had imported a medical man in the place of their late surgeon, who, as I previously mentioned, had resigned his medical aid appointments and joined our Association. We resolved to take immediate steps to gather such evidence as was possible in the matter of the medical officership of the Liverpool Victoria Society, and, if evidence of canvassing could be established, that the conduct of the medical officer should be laid before the General Medical Council, as being the only course open to us to put a stop, once and for all, to the system of touting and advertising by which these and kindred societies maintained their existence.

Having obtained the valuable assistance of the Medical Defence Union, we went to work, and with infinite pains and trouble were at length able to procure undoubted evidence of canvassing on the part of the touts in the employ of the Liverpool Victoria Friendly Society. Statutory declarations were obtained substantiating the charges made, and we anticipated that the case would come before the General Medical Council in May, 1901. However, from some unexplained cause and to our infinite disappointment, the hearing was postponed till the following November. In that month the case came on for hearing. Two of our members attended to give evidence in support of their statutory declarations or to submit themselves to cross-examination in the box if called on to do so. The insurance societies had secured the services of eminent counsel—Mr. Lawson Walton, K.C., M.P., and Mr. Charles Mathews—while we were represented by Dr. Bateman, the Secretary of the Medical Defence Union. The case, which was most admirably conducted by Dr. Bateman, occupied the whole of one day and half of the next, and terminated entirely in our favour.

In delivering the verdict of the Council the President remarked that they came to the conclusion that the facts alleged against him had been proved to the satisfaction of the Council. In order to give defendant an opportunity of reconsidering his position, the further consideration of the charge was postponed till the following session, when he would have to appear and satisfy the Council of his conduct in the interval.

In May the defendant again appeared before the General Medical Council, when he informed them that his connexion with the Society had been entirely and completely severed since Lady Day last, and he expressed his regret, and promised that in future he would have no connexion in any way whatever with Medical Aid Societies. Under these circumstances the Council decided to proceed no further with the charge proved against him. The *BRITISH MEDICAL JOURNAL* of June 7th, commenting on this case, remarks:

The action taken in November has had the desired result, not only in this particular instance, but in many other parts of the country. The Council is to be very much congratulated upon the strong stand which it made in this test case; and it is to be hoped that the full significance of the course it has taken will be appreciated by the members of the medical profession, and also by the Medical Aid Societies.

The full import of this award becomes the more apparent when it is remembered that the General Medical Council had (and has) no power to issue an edict that those holding medical aid appointments will be held guilty of unprofessional conduct; and it was only by adjudicating upon a case brought up for decision, and so establishing a precedence, that the penalizing powers of the Council could be brought into play.

As a result of the Yarmouth case a precedent has been established, and a fatal blow administered to those Medical Aid Societies which owe their existence to a system of touting and canvassing; for medical men will now know what to expect from the General Medical Council, and will carefully abstain in the future from associating themselves with these organizations, which as a consequence will die out.

[REPORT REFERRED TO ABOVE.]

RULES AS TO CLUBS AND POOLING.

REPORT OF A SUBCOMMITTEE OF THE GREAT YARMOUTH DISTRICT COMMITTEE OF THE INCORPORATED MEDICAL PRACTITIONERS' ASSOCIATION.

The Subcommittee appointed on November 20th, 1901, to consider the rules relating to contract practice, and report thereon to the District Committee, as the result of a careful consideration of the matters referred unanimously recommend as follows:

I.—*Rules as to Contract Practice.*

That the existing regulations of the District Committee relating to clubs, 4 (a) (b) (c) and (d) be rescinded, and that the following rules be substituted therefor.

(a) That the rules relating to clubs be deemed to apply to males only, and that females be not attended at contract rates as members of Friendly Societies.

(b) That the term "juvenile" be taken to mean boys over the age of 5, and that children under that age be not accepted at contract rates.

(c) That the rate be 5s. per head per annum for adults, and 4s. for juveniles.

(d) That in all arrangements with clubs or other bodies for attendance at contract rates the right of the surgeon be reserved to decline to attend at such rates persons whom he considers unsuitable in respect of financial position; but that in such arrangements such provision should be made as the District Committee may approve, to prevent hardship resulting from the retrospective application of this rule.

II.—*"Pooling" Clubs.*

As to the system of "pooling" clubs, we have no evidence of such a system being in operation elsewhere.

The Public Medical Services in Eastbourne, Weston-super-Mare, and elsewhere appear to have been instituted rather for the purpose of combating contract practice of the kind associated with the National Medical Aid and similar Societies. The fact that such a principle has not yet been applied to contract medical work of the ordinary Friendly Societies is not, however, in our opinion a sufficient reason to prevent the application of the principle to this work in Yarmouth. On the contrary, for the reasons stated at the conclusion of our report, we are agreed in recommending—

Scheme Proposed.

That a Medical Service be established to be called the "Great Yarmouth Friendly Societies' Medical Service."

That the benefits of the service be reserved for (a) male members of clubs who are in full membership at the time when their respective clubs become connected with the service, and (b) healthy males suitable in respect of financial position who join clubs already connected with the service.

That the staff be composed of members of the Great Yarmouth District Committee of the I.M.P.A., and that in starting the service every member of the District Committee be a member of the staff.

That the general management of the service be vested in a Committee consisting of the President of the District Committee for the time being, and four other members elected annually by the District Committee.

That an Honorary Treasurer be appointed annually by the Committee of the Service from among their number whose duties shall be to receive all moneys due to the service, and to pay all outgoings.

That a paid secretary be appointed by the Committee, whose duties shall be to keep the register of members and the accounts of the service in such form as the Committee may prescribe, to issue tickets for medical examination of candidates and cards of membership, to issue notices of meetings in connexion with the service, to attend Committee meetings and take minutes, to attend at his house, which shall be the recognized central office of the service, at such hours as the Committee may appoint for the purposes of the service, to perform such other duties in connexion with the service as the Committee may require.

That the secretary be paid an annual salary of such amount as the Committee may fix, with the sanction of the staff.

That attendance by the staff, apart from visiting, be given at their respective surgeries.

That each member of the staff act, according to a fixed rotation, as an examiner of persons desiring admission to the service.

That there be a Board of three medical referees, appointed half yearly by the staff, to decide appeals by candidates for admission rejected by the examiner on medical grounds.

That there be a Joint Committee, composed of five members chosen by the Friendly Societies connected with the service and three members chosen by the District Committee, whose duties shall be:

(a) To decide appeals by candidates for admission rejected on the ground of unfitness in respect of financial position.

(b) To investigate charges of neglect, and other complaints, by individual patients, or by clubs, against members of the staff.

(c) To investigate complaints by members of the staff against patients for breach of rules or other improper conduct.

That a candidate for admission make application, in the first instance, to the Secretary of the service, who shall provide him with a ticket, to be presented to the medical examiner acting on the day when the candidate desires to be examined, no candidate to be examined except on production of such ticket.

That the examiner investigate the candidate's fitness for admission in respect of (a) health, (b) financial position, and that a candidate rejected on either ground have a right of appeal to the medical referees or the Joint Committee, as the case may be, whose decision is to be final.

That a person having been approved as suitable by a medical examiner (or after appeal, if any), and duly elected a member of a club connected with the service, shall thereupon receive a card of membership of the service, and be entitled to the benefits of the service, subject to the rules.

That a member of the service, however admitted, shall forfeit his membership upon (a) ceasing to be a member of a club connected with the service; (b) failing to keep up his payment to the service; (c) being found by the Joint Committee to have broken the rules, or otherwise been guilty of conduct disqualifying him for membership.

That each member on admission to the service be permitted to select any member of the staff as his medical attendant, subject to the consent of the surgeon chosen and to there being a vacancy on such surgeon's list.

That each member be allowed, on giving at least one month's notice, to change his medical attendant on January 1st of any year, subject to the consent of the member of the staff to whom he desires to be transferred and to there being a vacancy on such surgeon's list.

That each member of the staff be free to decline to attend any individual person as a member of the service either at the time when such person desires to come on his list or at the end of any year by giving one month's notice.

That each member of the staff be free, subject to the consent of the Committee, to decline to attend more than a specified number of members of the service.

(Details follow of a proposed system of keeping the Register by means of cards.)

Each member of the staff to be furnished with a list annually of those members whom he undertakes to attend, such list to be sent in by the surgeon to the Secretary quarterly, to be checked with the Register.

Each Club Secretary to furnish the Secretary of the Service annually with a list of the members of the club who are members of the service, such list to be brought up to date quarterly by the Club Secretary and checked by the Secretary of the Service.

The accounts would be:

(a) Receipts from Clubs: Each Club Secretary to pay to the Treasurer, quarterly in advance, 1s. 3d. for each adult and 1s. for each juvenile on the club list, as brought up to date and checked by the Secretary.

(b) Outgoings: The Treasurer to pay during the quarter such expenses as may be ordered by the Committee, to set aside such amount for reserve as may be decided by the staff, and to divide the balance of money in his hands quarterly among the staff in proportion to the number of members on the list of each as checked by the secretary, each adult being counted as one, and each juvenile as four-fifths.

We suggest that the commencing salary of the secretary should be not less than £20 per annum, and that it might rise to about £50 if the service proved popular. The increase of salary should be given by the Committee when they consider the increase of work calls for it. No commission should be given.

Other expenses—stationery and printing chiefly—we expect to be not more than £5 per annum at the outset, and to increase with increasing membership to not more than £10. We anticipate that the net payment to the surgeon would average not less than 4s. per head per annum all round.

Reasons for Recommending.

We are convinced that a system of "pooling" clubs on the above lines would be practicable, acceptable to the Friendly Societies, and more conducive to the interests of the medical profession than the ordinary system of club practice.

The chief difficulty experienced by some members of the subcommittee in attempting "pooling" was as to its being practicable, and for this reason we have gone carefully into matters of detail in working, as above set forth. As a result we think "pooling" can be carried out simply and without much interference with the present routine of club practice so far as club members and secretaries are concerned.

To the club patient the free choice of medical attendant, within limits as wide as those of private practice, would be, we believe, a great attraction, entirely outweighing the disadvantage of an increase in rate. If this were so, the clubs must also benefit as organizations, inasmuch as the establishment of a popular medical service, open only to members of Friendly Societies, would tend to increase their membership.

Against this must be set, of course, the dislike of the governing class in clubs to any system likely to diminish such control over club surgeons as they enjoyed under the old system. But this argument only applies so long as members of the District Committee consent generally to accept the surgeonies of separate clubs. If the members of the District Committee decide in future not to accept clubs except on the pooling principle, the Friendly Societies, in rejecting pooling, would be confined to the alternatives of the Medical Institute, or the practitioners excluded from the District Committee, and would, we believe, prefer pooling.

The system appears to us more beneficial to the medical profession than the ordinary system, on account of the general increase of independence resulting to the practitioner. He would enjoy greater freedom in excluding ineligible persons without incurring individual odium; he would be free to decline to attend persons whom he preferred not to attend; and the knowledge that the bond between surgeon and patient was voluntary on both sides must obviously be beneficial to the surgeon in all his relations with patients; lastly, the surgeon will have greater facility in restricting or increasing his contract work as his inclination or interests may direct.

A question arises whether those members of the District Committee who already hold clubs would suffer pecuniary loss in case those clubs should eventually elect to take part in the pooling. We see no reason for thinking that such surgeons would lose by such change; it is at least as probable that they would profit thereby.

For the profession as a whole the advantage would be the greater control obtained over contract practice and the possibility of preparing the way for the ultimate abolition of such

practice, or its transformation into a system of payment by fees, the burden of insurance being thrown off the profession and upon the Friendly Societies.

We therefore recommend that the principle of pooling clubs be approved by the District Committee, and be carried into effect whenever three-fourths of those voting in a general meeting consider the time opportune for so doing. We recommend that any club hereafter taken by any member of the District Committee be taken with the express understanding that it shall be "pooled" whenever the District Committee puts such system into effect.

MANCHESTER MEDICAL GUILD.

THE Medical Guild was formed in Manchester in the year 1895, its object being the maintenance of the honour and interests of the medical profession.

Though the Guild has its home in Manchester membership is not confined to practitioners in that district, and though the work of the Guild has been largely directed to improving the conditions of medical practice in Manchester it has also dealt with problems of great importance affecting the profession throughout the country.

As an instance may be mentioned the convening of the conference of representatives of local medical societies throughout the country held in Manchester in May, 1900, the decisions of which had a great influence upon the subsequent reorganization of the British Medical Association.

In the present memorandum the work of the Guild with reference to contract medical practice is alone considered.

In 1899 the Guild formulated a club pledge in the following terms:

"That the minimum fee for club practice be 4s. per member per annum; that this only refers to adult males. We, the undersigned, pledge ourselves not to take any new club on any less terms, and in the event of any practitioner making an effort to raise his club terms to the above status we pledge ourselves not to compete against him nor to accept any club of which he may have been the medical officer on any terms without his consent, provided that no attempt be made to alter the conditions of club practice in any district without the sanction of the Medical Guild, nor without the fairly unanimous wish of the practitioners in such district."

A copy of this pledge was sent to every practitioner in Manchester and Salford, and in some districts it was signed by every practitioner, while in other districts 80 to 90 per cent. of the practitioners signed. The effect of this action has been to greatly improve the remuneration of medical practitioners from clubs in the district.

In 1901 the Guild arranged a conference with the Friendly Societies of the district, which agreed that the club pledge as given above was reasonable and fair, but to be operative must be accepted by all the practitioners of the district. This unanimity has not yet been obtained, and any lack of success in improving contract practice is to be attributed solely to the apathy of the local profession.

J. H. TAYLOR,
Honorary Secretary, The Medical Guild.

MIDDLESBORO'.

IN 1900 in Middlesboro' there was a meeting of the local general practitioners to consider what steps should be taken to resist the action of the Friendly Societies, who were proposing to take in females into their lodges and were already taking in juveniles and asking doctors to attend them at 1s. 6d., 2s., and 2s. 6d. per head per annum.

The Medical Society was formed on broad lines, so that every medical man in the town could join, and on the distinct understanding that its actions should not be retrospective. All the medical men in the town joined. We passed resolutions fixing 4s. per head per annum for all Friendly Society lodge appointments vacant after date of meeting. Agreed not to attend females unless an income limit was fixed. We fixed the rate for juveniles at 3s. per head.

The result has been, first, that medical men have asked and obtained 4s. from their Friendly Societies. This year, however, some of the Friendly Societies have combined and formed an association, and have engaged a medical man of their own to attend them and also their wives and families.

As regards Medical Aid Societies, we unanimously decided to give up all such work, and the men holding such appointments agreed to give them up. This was done, with the result that an outside medical man was introduced, canvass on his behalf was proved, and we memorialized the General Medical Council. The medical man was cited to appear, but left the town shortly before the date of his trial, and the case was withdrawn. There has been no medical aid work since.

With respect to family club work. Here we have a great deal of this sort of work. We have a uniform scale of fees and uniform laws and collecting card.

In addition there are Works Clubs. Some of these are compulsory, every man having 1d. or 2d. a week stopped off his wages for the doctor, and some are voluntary, the employers agreeing to collect weekly payments from any workmen who might wish to pay to the doctor. In connexion with the works, too, the choice of paying for the family as well as for the man himself is optional.

In answer to (a), I should say our position is very much better than before our Union. It remains to be seen what action the Friendly Societies' Association will take. Our members stick well together, and with one or two exceptions are very loyal. We are on quite good terms with Friendly and all other Societies, and many of our members hold prominent public positions.

R. E. HOWELL,
Hon. Sec., Cleveland Division.

MIDLAND MEDICAL UNION.

President: G. GODFREY MACDONALD, Esq., M.D., G.C., Crich.
Vice-President: R. G. ALLEN, Esq., M.R.C.S., Belper.

Albion Chambers, King Street,
Nottingham, June 20th.

THE form of organization adopted in this neighbourhood is that of a union or association for the protection of the practitioners who join it against unfair competition and from attempts to induce practitioners to accept unreasonable remuneration in respect of contract work. I enclose a copy of the rules and report for the year ending December, 1904.

The kind of action taken has been by deputation to the club or society in question as a first step. At Skegby, near Mansfield, serious trouble arose upon the resignation of Dr. Rainsbury by reason of the refusal of the local colliery club to increase confinement fees from 10s. to £1 1s., and new surgeons have been imported. I believe I am right in stating that the other local practitioners do not associate with them, although they have no complaint against them in other respects.

Pledges have been sought for by the practitioners interested from their professional brethren, and in Chesterfield, after all other efforts had failed and a "medical aid" was established, it has been found that these pledges have been well observed.

Warning advertisements have been inserted in the professional journals, intending applicants being referred to me, and several inquiries resulting.

I regret that I am not able to report much success in our fight against the clubs, but some disputes have been settled amicably between the members and misunderstandings removed by the matters in difference being brought before the Council or the Branch of the district in question. The general effect has been to make for unity of action and the promotion of good feeling. At the annual dinner of the Union, held on May 14th at Chesterfield, Dr. Cheesewright of Rotherham stated that the local practitioners banded together for the purpose of raising club fees, and each pledged himself that he would support the rest, with the result that the increase demanded was granted.

In Nottingham it is generally understood that no new club is to be accepted at less than 4s., and at the present time a movement is on foot in one district (I am attending a meeting to-night) to discuss the question of raising the fees paid by certain old clubs (3s. to 4s.).

GEORGE S. O'RORKE, Secretary.

NORTHUMBERLAND.

In 1900 the Northumberland Medical Association was formed and within a few months the Newcastle Medical Ethical Society amalgamated, forming the Northumberland and New-

castle Medical Association. The affairs were regulated by meetings of the whole Association, which from time to time appointed special committees to deal with matters which arose.

Nominally, the work was carried on by a Council, but until the feeling and sympathy of the profession was consolidated it was considered better to keep all members in constant touch by inviting them frequently to meetings. Those who most regularly attended consequently became an informal council, reinforced on each occasion by members from localities affected by each particular agenda. The Council proper met seldom, and the main duty of each member of Council was to watch his own district and report matters of interest by letter. The work between meetings was carried out by a lay secretary in constant conference with the President.

In 1904 the Northumberland and Newcastle Medical Association transferred its work to the British Medical Association. The Branch appointed a Northumberland Committee to carry on the work hitherto carried on by the Northumberland and Newcastle Medical Association, and furnished funds to enable retention of the lay secretary.

The principal points to which the action of the profession was directed were:

1. The raising of contract fees in mining districts.
2. The fixing of a minimum rate for new Friendly Societies' payments and that of old societies changing officers.
3. The reduction of female lodges by lapse, and preventing acceptance of new lodges.
4. The abolition of lay control and opposition to Aid Societies.
5. The organization of the profession to carry these points.

All demands and notices to lodges and societies were sent by the Association and not by medical men individually. Negotiations and conferences with lay Committees by letters or meetings were conducted by officials or Committees, and not by medical men individually. Doctors interviewed by patients were instructed to reply that they were in the hands of the Association, and were prepared individually to meet patients' wishes so far as the Rules of the Association permitted.

Members were required at the outset to give pledges in writing. Non-members in sympathy were asked for undertakings in writing not to oppose.

Cautionary notices in medical and lay press were frequently inserted, especially when any objectionable appointment was vacant. Individual letters were sent to any known intending applicant.

Offenders were asked to desist by letter. If any difficulty was experienced, the offender was asked to meet a Committee. If the result were unsatisfactory, he was reported to a Judicial Committee, who took evidence, heard the offender in reply, if present, and committed their finding to writing. This was conveyed to offender, and, if against him, his name was placed on a black list and sent to members. He was ostracized.

The results, on the whole, have been very satisfactory. Contract fees raised in mining districts in all save one or two isolated instances. Many Friendly Society lodges raised. Members of the profession, so far, have worked fairly well together and remain on good terms with patients.

A difficulty has been lack of emergency funds to assist individuals temporarily suffering loss of practice.

Special efforts were made to secure assistance of consultants, and these were successful.

RUTHERFORD MORISON,
President, Northumberland Committee.

SOUTH WALES AND MONMOUTHSHIRE.

(REPORT BY THE MEDICAL SECRETARY).

In the industrial districts of South Wales and Monmouthshire nearly all forms of Contract Practice organization are in operation, including, in the large towns, Provident Dispensaries and Private Clubs, Works Clubs in the mining and other specially industrial districts, and Friendly Societies in all parts.

The Provident Dispensaries, Private Clubs, and Medical Aid Societies present no distinctive features calling for mention in this report.

Of the Friendly Societies it is to be noticed that in the mining districts they usually do not provide medical attend-

ance for those who are miners, as this is sufficiently furnished by the Works Clubs, the only duties of the medical profession in connexion with such Friendly Societies being that of signing certificates for admission and sick benefit.

The distinctive feature of Contract Practice in South Wales is the organization and management of the Works Clubs, particularly those connected with collieries.

The system of remuneration adopted in the collieries of South Wales and Monmouthshire district does not appear to prevail in any other part of the United Kingdom. It is that the deductions made from wages under the Truck Act are not a fixed weekly amount, but proportional to wages earned. The deduction is always expressed as a "poundage," 2d., 2½d., or 3d., as the case may be, in the pound.

It will be observed that this system exhibits the most complete development of the collective provision for medical necessities which exists in Works Clubs. An income-tax is levied on the aggregate income of the industrial community, each head of a family paying in proportion, not to his requirements, but to his means, and from the fund thus created provision is made for the medical necessities of every member of the community.

It is of interest to note that the principle is stated to have been originally suggested by a medical practitioner—Dr. Davies of the Rhondda Valley—(whose son was the first recipient of the Gold Medal of the Association, and whose grandson is the present Honorary Secretary of the North Glamorgan Division).

The poundage system of payment is as a rule confined to the specially coal-producing districts of South Wales and Monmouth, fixed weekly rates being the rule in the metal works of the Swansea district, and thence westward.

The rate at present paid is usually 3d. in the pound, except in the Western Valleys of Monmouthshire and in a few isolated collieries further west, where the rate is 2d.

The Ebbw Vale Coal and Iron Company's employes pay on a sliding scale as follows:

(Extract from the Rules of the "Ebbw Vale Workmen's Doctors' Fund.")

Contributions to Fund.

"8. All persons employed by the Ebbw Vale Steel, Iron, and Coal Company, Limited, at Ebbw Vale, Victoria, Waun Lwyd, Marine, Graig Faw, and Sirhowy shall contribute to the fund each pay-day according to the following scale on all their earnings:

Scale of Contributions.

On all earnings up to 20s., 2d. will be charged; above 20s., according to following scale:

Earnings.			Contributions.		
On	s. d.	s. d.	On	s. d.	s. d.
20	1 to	28 0	...	...	0 3
"	28 1	" 36 0	...	...	0 4
"	36 1	" 44 0	...	...	0 5
"	44 1	" 52 0	...	...	0 6
"	52 1	" 60 0	...	...	0 7
"	60 1	" 68 0	...	...	0 8
"	68 1	" 76 0	...	...	0 9
"	76 1	" 84 0	...	...	0 10
"	84 1	" 92 0	...	...	0 11
"	92 1	" 100 0	...	...	1 0
"	100 1	" 108 0	...	...	1 1
"	108 1	" 116 0	...	...	1 2
"	116 1	" 124 0	...	...	1 3
"	124 1	" 132 0	...	...	1 4
"	132 1	" 140 0	...	...	1 5

The Committee may, if they see necessary at any time, alter the above scale so as to meet the requirements of the current expenditure."

It will be noted that the poundage in these cases is deducted from the earnings not only of the wage earners, but also of the salaried officials in the colliery.

The prevalent rate until a few years ago was 2d. in the pound, but the same economic causes which have compelled medical practitioners throughout the country during the last ten or fifteen years to revise their arrangements with respect to contract practice, in order to bring it into accordance with the changed conditions of the times, have led the colliery surgeons to seek an increase of remuneration.

This has been done in some districts through the action of local medical societies brought into existence for the purpose. Thus the Eastern Valleys Medical Association has succeeded in increasing the remuneration in the Eastern Valleys of

Monmouthshire to 3d. which previously had only been paid at Cwmbran. Similarly in the Rhondda Valley and in the Aberdare district the poundage has been raised to 3d. by the united action of the local profession. In Aberdare¹ certain improvements were effected at the same time in the conditions of work of medical officers of Friendly Societies.

As already stated, the poundage of 2d. is still accepted in a few collieries, but it is desired to raise it to the general level at the first opportunity.

The principal difficulties between the profession and the coal miners at present, however, relate to the operation of certain so-called "Schemes," administered under the management of Miners' Committees, these schemes having been found unsatisfactory by the medical profession.

The original introduction of such a scheme appears to be within living memory, the first being said to be that commenced by the workmen of the Rhymney Coal, Iron, and Steel Company. The present principal medical officer under the scheme, Dr. T. Hall Redwood, had at that time been acting as medical officer to the works, having succeeded his father in the appointment, and took part in the settlement of the constitution of the scheme.

Up to that date the administration of the Fund had been entirely in the hands of the Company, resembling in this respect the other ironworks at the heads of the West Monmouthshire and North-East Glamorgan Valleys. As the collieries in these districts became of importance, not merely for feeding the iron industry, but for the sale of coal, a change took place in the arrangements as to medical attendance, which passed from the control of the companies to the control of the colliers.

At Rhymney the principle of the scheme was the continuation of the system, already adopted by the company, of paying the medical officer a fixed salary, which salary, however, was increased forthwith by the workmen on taking over the scheme.

The Workmen's Committee, in fact, took over the fund as "a going concern," continuing to provide drugs, etc., as had been done by the company. In course of time this scheme has been imitated in other districts, notably at Blaenavon, Ebbw Vale, and Tredegar. The most elaborate development of the system has been at Ebbw Vale, where a somewhat extensive area has been mapped out into districts, each having a principal medical officer, with, in some cases, one or more assistants. It is provided under the rules that each medical officer shall practise only in his own district, so that if the beneficiaries move from one district to another they are compelled to change their medical attendants.

The experience now gained by the profession of the working of these schemes has not been favourable, the principal objections being:

1. The provision of hospital and other expenditure out of the poundage, which is believed not to fall within the contemplation of the Truck Act, and which is obtained by reduction of medical remuneration.

2. That the system of fixed salaries is not accompanied by any provision in the nature of a guarantee fund for assuring the payment of such salaries in cases of strikes, lock-outs, short time, or other contingencies which may cause a temporary cessation or diminution of wages, and therefore of the poundage.

(In the prevalent system, under which the poundage is paid direct to the medical practitioner, there is an inducement to him to settle for life in a district, and when, for any reason, the poundage ceases, such practitioners are so identified with the life of the district that they continue to attend the miners and their families, though their own income has for the time being ceased. Practitioners employed at fixed salaries have not the same inducement to identify themselves with the district, and therefore cannot be expected to give attendance in the circumstances described unless their salaries are paid.)

3. In various ways the independence and dignity of the medical officers are believed to suffer under the schemes in question, and this also tends to diminish the efficiency of the service.

On such grounds the South Wales Branch of the Association and its constituent Divisions have decided to use all their influence in opposing the introduction of schemes of the kind in districts where they do not at present exist, and to make the utmost endeavours to remove the more objectionable features from those schemes which are in existence.

Already action taken by the Cardiff Division, with the

¹ A short account of the action taken by the profession in the Aberdare district, kindly contributed by Dr. Evan Jones, will be found on p. 81.

support of the Branch, has been successful in preventing the adoption of a scheme under unsatisfactory conditions at Abergwynfi, while the North Glamorgan Division has checked the development of a similar organization at Aberaman.

The Monmouthshire Division, also in conjunction with the Branch, has been successful in inducing the Committee of Management of the Ebbw Vale Workmen's Doctors' Fund to consider the changes desired by the local profession in the conditions of appointment of the medical officers of that fund, and negotiations are now in progress. As a result of the action taken, with the support of the Central Executive of the Association, candidates for the vacant post of hospital surgeon at a salary of £500 a year (with drugs, etc., provided), have declined to take up the appointment until the regulations of the Fund have been altered to satisfy the requirements of the British Medical Association.

The Branch Council, having regard to the importance of the questions of contract practice now presenting themselves for consideration by the Branch and its Divisions, has decided to appoint a Contract Practice Committee to watch such disputes, and render such assistance to Divisions as may be required.

In all the cases dealt with by the Divisions and Branch Council, the special Ethical Rules, as to contract practice and other appointments, which have been adopted by the South Wales Divisions have been found helpful.

In Swansea a Medical Practitioners' Association was formed three years ago, and was successful in improving the conditions of local Contract Practice, which include Friendly Societies as well as Works Clubs. The Practitioners' Association has now merged its identity in the Swansea Division of the British Medical Association, but no occasion has arisen up to the present for action by the Division since this change took place.

WESTON-SUPER-MARE.

THE "Provident Medical Association" was started about seven years ago in order to suppress a local Medical Aid Society.

As far as I know, no negotiations have taken place with the Friendly Societies. Members of the "Provident Medical Association" declined to meet Medical Aid officers, and agreed not to undersell each other with regard to clubs; offenders could be expelled from the Provident Medical Association; no warning notices were sent to outsiders.

The Medical Aid at once collapsed, as the Provident Medical Association took on its Secretary as collector. The Provident Medical Association has had a good effect on the local union of the profession; the position of the profession locally in its relation to the community I should describe as satisfactory.

H. STANLEY BALLANCE.

F.—OPINIONS OF THE DIVISIONS ON THE PROPOSALS CONTAINED IN THE INTERIM REPORT ON CONTRACT PRACTICE.

(I.) INTERIM REPORT ON CONTRACT PRACTICE.

(Presented to the Annual Representative Meeting at Oxford.)

THE Medico-Political Committee has given careful consideration at several meetings to the matters arising out of the following instruction of the Annual Representative Meeting of 1903:

That it be an instruction to the Medico-Political Committee to investigate the economic conditions of contract practice, as carried on in various ways in this country, to report thereon to the next Annual Representative Meeting, and to present an interim report to the Council on any points which appear to call for action during the year.

It has appeared to the Committee necessary that the investigation which it was instructed to make into the economic conditions of contract practice should be conducted in two principal branches, namely:—

- (a) By addressing direct inquiries to those Medical Practitioners who are actually engaged in such practices;
- (b) By collating the information derived from the reports of various medical societies which have given special consideration to the subject, and from the reports of the Secretary of the Committee on the conditions found in various Divisions which he has been called upon to visit.

For the purpose of the inquiries under Head (a), the Committee has formulated a series of questions, of which copies are appended to this report, and which, with the sanction of the Council, and by the kind assistance of the Honorary Secretaries of Divisions, are being distributed through the agency of the Divisions to individual Medical Practitioners.

From the information obtained under Head (b), the Committee has been enabled to arrive at the conclusion that, while on certain aspects of contract practice any definite pronouncement by the Association must be deferred until the results are ascertained of the inquiries addressed to individual practitioners, there are other aspects on which opinion has already ripened sufficiently for certain propositions of an axiomatic character to be formulated at the present stage for consideration by the Divisions.

These propositions are as follows:

- (1) That it is inevitable in present conditions that there should be in some parts of the United Kingdom some system of contract medical service of the poor.
- (2) That where the department of contract practice relates wholly to medical work, it is essential that medical men should be adequately represented on the management.
- (3) That it should be a fundamental principle of the constitution of all such departments, that every medical practitioner in the district for which the service provides, who wishes so to act, should be a medical officer of the service, provided that he conforms to the rules of the service.
- (4) That, in present conditions, the lowest fee to be fixed in any district, as the minimum to be paid to each

medical officer annually for each individual whom he is under contract to attend, should be 5s., subject to such composition fee, if any, as may be locally determined upon in the case of families having more than three children.

- (5) That Children under the age of 5 should not be admitted under contracts at minimal rates, except in the case of the family composition fees included in Clause (4).
- (6) That in all such contracts the right be reserved to each medical officer to decline to attend as a member of such service any person whom he may consider to be unfit for membership in respect of financial position, but that such provision should be made as the governing body of the service may approve to prevent hardship resulting from the retrospective application of this rule.
- (7) The rates above specified are not intended to apply to night visits, obstetric cases, operations, or serious accidents, by the term "serious accident" being meant an accident which causes incapacitation for more than a week.

(II.) ABSTRACT OF REPLIES OF DIVISIONS UPON THE PROPOSITIONS CONTAINED IN THE MEDICO- POLITICAL COMMITTEE'S INTERIM REPORT ON CONTRACT PRACTICE, REFERRED TO THE DIVISIONS BY INSTRUCTION OF THE ANNUAL REPRESENTATIVE MEETING OF 1904.

UP to the date of the preparation of this report (May 16th, 1905), 76 Divisions had replied to some or all of the propositions. The replies are as follows:

ON PROPOSITION (1), NAMELY:

"Necessity of Contract Practice."

That it is inevitable in present conditions that there should be in some parts of the United Kingdom some system of contract medical service of the poor."

69 Replies.

63 Divisions
express unqualified approval.

2 Divisions
approve the proposition, provided the words "of the poor" be omitted.

1 Division
approves the proposition, provided the word "poor" is suitably defined.

1 Division
approves the proposition, provided the word "poor" be defined to include those earning less than 25s. a week.

- 1 Division
approves the proposition, provided the words "of the poor" be altered to read "for those unable to pay ordinary medical fees."

- 1 Division
is of opinion that Contract Practice is not necessary.

ON PROPOSITION (2), NAMELY :

"Medical Control."

That where the department of Contract Practice relates wholly to medical work, it is essential that medical men should be adequately represented on the management."

69 Replies.

- 63 Divisions
express unqualified approval.

- 2 Divisions
express unqualified disapproval.

- 1 Division
approves, provided the words "the medical staff" be substituted for "medical men."

- 1 Division
approves, provided the words "or in part" be interpolated after the word "wholly."

- 1 Division
approves, provided the word "adequately" is suitably defined.

- 1 Division
disapproves the proposition as being impracticable.

ON PROPOSITION (3), NAMELY :

"Distribution of Work."

That it should be a fundamental principle of the constitution of all such departments, that every medical practitioner in the district for which the service provides, who wishes so to act, should be a medical officer of the service, provided that he conforms to the rules of the service."

69 Replies.

- 57 Divisions
express unqualified approval.

- 9 Divisions
express unqualified disapproval. (1 of these mentions that it approves of the way in which Contract Practice is allotted at present—namely, by ballot by the members of the Societies.)

- 1 Division
approves, provided the proposition be altered to begin; "That it should be a fundamental principle, that where a Public Contract Medical Service exists, every medical practitioner . . ." etc.

- 1 Division
disapproves the proposition, as tending to encourage Contract Practice.

- 1 Division
disapproves the proposition as impracticable.

ON PROPOSITION (3A), NAMELY :

"Friendly Societies: Choice of Medical Attendant."

That the individual members of Friendly Societies be entitled to choose the medical man by whom they desire to be attended."

64 Replies.

- 49 Divisions
express unqualified approval.

- 6 Divisions
express unqualified disapproval.

- 2 Divisions
approve, provided the members be not allowed to change their medical attendant more than once a year.

- 1 Division
approves, if the proposition be modified to read: "That in the event of a Friendly Society Medical Club joining such a service, the individual members of such Club shall be entitled to choose the medical man by whom they desire to be attended."

- 1 Division
approves, on condition that present holders of such Societies be not interfered with.

- 1 Division
approves if by "individual" be understood "adult male."

- 1 Division
approves provided "medical officer of the service" be substituted for "medical man."

- 1 Division
disapproves of the proposition, as tending to encourage Contract Practice.

- 1 Division
disapproves of the proposition as being unworkable.

- 1 Division
disapproves of the proposition on the ground that choice of medical attendant is "incompatible where stipulation is made for a fixed fee."

ON PROPOSITION (4), NAMELY :

"Minimum Rate."

That, in present conditions, the lowest fee to be fixed in any district, as the minimum to be paid to each medical officer annually for each individual whom he is under contract to attend, should be 5s., subject to such composition fee, if any, as may be locally determined upon in the case of families having more than three children."

67 Replies.

- 51 Divisions
express unqualified approval.

- 4 Divisions
advocate a minimum of 6s.

- 3 Divisions
speak of a minimum of 4s. (One of these Divisions mentions that this is the rate in force in the local Public Medical Service, for children and adults alike, and that at present the Division does not see its way to alter it.)

- 3 Divisions
approve of the proposition subject to there being no composition fees.

- 1 Division
approves subject to the local Division concerned determining the composition fee.

- 1 Division
approves provided that the composition fee refers to children only.

- 1 Division
advocates a minimum fee of 8s. 8d.

- 1 Division
adds, at the end of the proposition, the words, "under the age of 16."

- 1 Division
disapproves the proposition as not being applicable to all forms of contract work, for example, family clubs.

- 1 Division
disapproves the proposition as not differentiating sufficiently between Friendly Societies and Clubs.

ON PROPOSITION (5), NAMELY :

"Exclusion of Infants."

That children under the age of 5 should not be admitted

under contracts at minimal rates, except in the case of the family composition fees included in Clause (4)."

66 Replies.

- 53 Divisions
state unqualified approval.
- 3 Divisions
state unqualified disapproval.
- 1 Division
states, as above, that a rate of 4s. is accepted for young and old in its local Public Medical Service.
- 1 Division prefers to read "under the age of 10."
- 1 Division prefers to read "under the age of 14."
- 1 Division
advocates that children under the age of 5 be not admitted at minimal rates.
- 1 Division
advocates that such children be not admitted under contract rates at all.
- 1 Division
advocates that children under the age of 14 be not admitted under contract rates at all.
- 1 Division
considers that children under the age of 5 should not be admitted at minimal rates under contracts with Friendly Societies.
- 1 Division
would admit children of any age at the minimal rates.
- 1 Division
disapproves of the proposition as not differentiating sufficiently between Friendly Societies and Clubs.
- 1 Division
considers the proposition unnecessary "if each child admitted at 5s."

ON PROPOSITION (6), NAMELY:

"Provision against Abuse.

That in all such contracts the right be reserved to each medical officer to decline to attend as a member of such service any person whom he may consider to be unfit for membership in respect of financial position, but that such provision should be made as the governing body of the service may approve to prevent hardship resulting from the retrospective application of this rule."

66 Replies.

- 46 Divisions
state unqualified approval.
- 11 Divisions
approve the principle with various modifications as to detail.
- 3 Divisions
disapprove of any retrospective clause.
- 2 Divisions
disapprove the proposition as impracticable.
- 1 Division
rejects the proposition, pending the decision of a wage limit.
- 1 Division
approves it, provided the right of choice is made reciprocal.
- 1 Division
rejects the proposition as unnecessary.
- 1 Division
rejects it as placing the medical officer in an awkward position.

ON PROPOSITION (7), NAMELY:

"Special Services.

The rates above specified are not intended to apply to night visits, obstetric cases, operations, or serious accidents, by the term 'serious accident' being meant an accident which causes incapacitation for more than a week."

65 Replies.

- 43 Divisions
state unqualified approval.
- 22 Divisions
approve conditionally to various alterations being made (*see below*).

Alterations Referred to.

- 6 Divisions
would omit "night visits."
- 1 Division
requires a definition of "night" in hours.
- 1 Division
would omit "obstetric cases."
- 1 Division
would omit "operations."
- 2 Divisions
would specify, under "operations," only those requiring an anaesthetic.
- 1 Division
would specifically limit "operations," so as to exclude trivialities.
- 5 Divisions
would omit "serious accidents."
- 5 Divisions
would omit definition of "serious accidents."
- 1 Division
requires a better definition of "serious accidents."
- 1 Division
approves, provided the proposition does not apply to accident clubs.
- 4 Divisions
would lengthen the time of incapacitation necessary to constitute a "serious accident"; of these 1 mentions "a fortnight" and 2 "a month."
- 2 Divisions
would insert "consultations."
- 1 Division
would insert "special visits."
- 1 Division
would insert "venereal diseases."
- 1 Division
would insert "notifiable infectious diseases."
- 1 Division
would insert "anaesthetics."
- 1 Division
would insert special mention of "fractures."

OTHER OPINIONS EXPRESSED BY THE DIVISIONS.

5 Divisions have passed resolutions to take no action in the meantime, or not to consider the Report.

1 Division, while generally approving the propositions, states that the subject is too complex to be summed up in these 7 propositions, and that the Association is not in a position to make its proposals effective without the loyal co-operation of every medical practitioner.

1 Division states that the proposals should be applicable only to those cases where medical men combine to form a public medical service, but that as far as possible all new clubs should be formed on the model suggested by the proposals.

1 Division states: "Contract practice is necessary for the working classes under present conditions. There should be a wage limit. The minimum fee should not be less than 5s. per member. The reforms contained in the propositions are advisable and much to be desired, but it is impossible to carry them out without the co-operation of the whole profession."

1 Division states: "That the best way of securing the reforms contemplated in sections (2), (3), and (3A) would be by forming all the practitioners in the district for which the service provides, who may be willing to take service under the organization, be it club, Friendly Society, or provident dispensary, into a medical board, empowered to deal with medical matters, and acting under the lay board much as the medical board of a hospital acts under the lay board. Such a medical board should have power to make representations to

the lay board as to financial suitability of the beneficiaries of the club or dispensary."

1 Division mentions that the members of the British Medical Association resident in the Division area have drawn up an agreement regulating Contract Practice, which they anticipate will be signed by all practitioners in the district.

1 Division has resolved: "That it is desirable, should any such service be organized, that the management of Contract Practice be carried out by the respective Divisions."

And 1 Division resolved: "That this Division is of opinion that all contract medical work should be based upon payment of a fixed sum for separate items—that is, visits paid or medicines, etc., given. The amount for the various items to be agreed upon for a term between the contracting parties."

G.—THE ETHICAL ASPECTS OF CONTRACT PRACTICE.

ABSTRACT OF THE PRINCIPLES WHICH HAVE BEEN FORMULATED BY THE ETHICAL COMMITTEE, EITHER AS GENERAL RULES OR IN APPLICATION TO INDIVIDUAL CASES, AND APPROVED BY THE COUNCIL AND REPRESENTATIVE MEETING OF THE ASSOCIATION. FROM OCTOBER, 1902, TO JUNE, 1905, INCLUSIVE.

(The resolutions of the Committee from October, 1904, onwards have not yet been before the Representative Meeting.)

THE questions affecting Contract Practice of various kinds which have been brought under the notice of the Ethical Committee of the Association may be considered as falling under two principal heads: (1) canvassing and advertising; (2) the obligation resting upon practitioners to co-operate with their fellow practitioners in improving the conditions of Contract Practice locally, as regards rates and other conditions.

To make clear the action recommended by the Committee in respect of these it is convenient first to explain the distinction which the Committee has found it necessary to draw between those matters which can best be dealt with by decisions of the Central Council or Representative Meeting, on behalf of the Association as a whole, and those matters which, in the opinion of the Committee, should be left to be decided locally by Rules and Resolutions of the Divisions.

With respect to canvassing and advertising the Committee has been of opinion that the objections of the profession to such practices are independent of local conditions, and that, therefore, these are matters which should be dealt with by the Association as a whole.

As regards the second group of questions, the Council, on the advice of the Committee, has laid down the broad principle that members of the Association should loyally co-operate in any action for the improvement of the conditions of Contract Practice which may be agreed upon by a sufficient majority of those locally concerned, that is to say, of all members of the local medical profession, the effects of Contract Practice not being confined to those actually engaged in it.

The details of the reforms necessary, on the other hand, are matters which as a rule must be determined locally, and the Council, on the advice of the Committee, has approved Rules which enable Divisions to deal with these matters as occasion arises without reference on points of detail to the central organization of the Association. (See Rules A to D below.)

CANVASSING AND ADVERTISING.

The Committee has been guided by the general rule that medical practitioners employed by lay organizations must be held accountable to the profession for due care being taken that the medical practice in connexion with those organizations shall be conducted in conformity with the principles of medical ethics.

The individual cases which have come before the Committee may be classified as follows:

1. Handbills containing the names of medical officers. In all cases the medical officers have been called upon to insist on the withdrawal of such handbills.

2. Handbills issued by Friendly and other Societies for the purpose of obtaining members. Where these handbills related to the general work of such an organization as a Friendly Society, of which medical attendance is not the only benefit, and where no name of a medical officer was given, the Committee has advised that objection can only be taken by

the profession if these handbills are circulated in such a way as to affect neighbouring practitioners.

3. Newspaper advertisements have been dealt with on the same principles as handbills.

4. Complaints received with respect to Provident Dispensaries have indicated that the benefits of some of these Institutions are brought to the notice of the community in a way which interferes improperly with the private practice of medical practitioners who are not on the staff of the Dispensaries; and the Council of the Association, on the recommendation of the Committee, has declared it inconsistent with membership of the Association for medical men to act on the staff of Dispensaries which permit this abuse.

5. The Committee has approved the following Rule which has been adopted by several Divisions:

Canvassing.—No member shall canvass or knowingly allow others to canvass on his behalf for patients.

N.B.—Experience shows that the employment of persons paid by commission to collect for Medical Aid Societies and Clubs frequently results in canvassing, and medical practitioners who act as Medical Officers to Societies or Clubs which employ collectors, paid by commission, and medical practitioners who themselves employ collectors so paid, in connexion with private clubs, are reminded that they thereby incur the danger of being deemed to have violated this rule.

6. In a case in which a private club for providing medical attendance upon miners was being organized by medical practitioners in a district, on the principle that it was to be open to every practitioner who desired to act upon the staff, the Committee advised that canvassers ought not to be employed in connexion with such a Club, and laid down as a general rule that private canvassers ought in no circumstances to be employed by medical practitioners alone or in combination.

7. The Committee has advised that prizes ought in no circumstances to be offered by medical practitioners to those members of a Club, of which such medical practitioners are officers, who bring in the largest number of new members in a given time.

ACTION WITH REFERENCE TO RATES AND CONDITIONS OF CONTRACT PRACTICE (APART FROM CANVASSING AND ADVERTISING).

Rules and Resolutions of Divisions.

Rules of Divisions have from time to time been submitted for the approval of the Central Council, in which it was laid down that the members of a Division should only accept club and similar appointments at specified rates, or upon specified conditions. The Council, on the recommendation of the Committee, has declined to approve Rules in this form, and has advised those Divisions which desire to deal with these questions to pass resolutions of a more general kind which would enable them to settle such matters by a resolution of the Division. Such resolutions would be binding upon their members by virtue of the Rules, and the adoption, amendment, or rescission of each resolution would not need to be submitted for the approval of the Central Council.

After such Rules had been adopted in certain districts, including Ashton-under-Lyne, Gateshead, and Norwich, the following Rules, based upon those already so approved, were drafted for, and by request of, the Bradford Division, and having been approved by the Central Council as Rules of that Division, have subsequently been adopted by several other Divisions with the approval of the Council:

"BRADFORD RULES."

(A) *Regulation of Terms of Appointments.*—No member of the Division shall accept, or, after due notice from the Division as provided in Rule (D) herein, shall continue to hold, any appointment as Club Surgeon, or other ap-

pointment to attend professionally at contract rates, or any public appointment, at a lower rate or upon other conditions than may for the time being be prescribed, with reference to appointments of the kind, by a resolution of the Division duly adopted in accordance with the rules thereof.

(B) *Adoption of Resolutions to apply throughout the Division Area.*—A resolution of the Division to prescribe rates, fees, or conditions of medical practice, whether under appointments or otherwise, to apply throughout the area of the Division, shall be deemed to have been duly adopted if passed by a three-fourths majority of those present and voting in an Ordinary, Annual, or Special Meeting of the Division, provided that, prior to such meeting, at least fourteen days' notice of the terms of such resolution shall have been given to every member of the Division.

(C) *Adoption of Resolutions to apply only to part of the Division.*—A resolution of the Division of the same nature as is defined by Rule (B), but to apply only within a specified part of the area of the Division, shall be deemed to have been duly adopted if passed by a simple majority in any meeting of the Division, provided that at least five-sixths of the members of the Division residing within the said specified part of the Division area shall have previously signified in writing their approval of the said resolution, and that notice thereof shall have been sent not less than seven days before the said meeting to every member of the Division.

(D) *Appointments under Existing Contracts.*—In any case in which a resolution of the Division, duly adopted under Rule (B) or (C), shall affect any appointment or appointments held under existing contract, the Secretary of the Division shall forthwith notify each member holding such an appointment of the adoption of such resolution, and shall on behalf of the Division request such member to take steps to terminate such contract at the earliest date which the terms thereof permit. If, on the expiration of one month from such notification by the Secretary, a member so notified shall satisfy the Ethical Committee that he has complied with the request of the Division, Rule (A) shall not be deemed to apply until after the expiration of the period of notice required under the contract. If a member, notified by the Secretary as aforesaid, shall fail to satisfy the Ethical Committee as to his compliance with the request of the Division, or, after having duly given notice to terminate his appointment, he shall upon the expiration of such notice continue to hold the appointment without sanction from the Division, the Ethical Committee shall report the circumstances to a Special Meeting of the Division to decide whether the said member shall be deemed to have broken Rule (A).

(E) *Notice to Branch Council as to Unprofessional Conduct of Members.*—If any member of the Division shall be deemed by the Division to have acted in contravention of any Rule of the Division as to professional conduct, or to have been otherwise guilty of conduct detrimental to the honour and interests of the profession, or calculated to bring the profession into disrepute, the Branch Council shall be asked, on behalf of the Division, duly to bring before the Council of the Association the question of the expulsion of the said member.

(F) *Refusal of Professional Recognition.*—No member of the Division shall, except in circumstances of great urgency, meet in consultation, or hold any professional relations with, a medical practitioner who shall have been declared by resolution of the Division, if a member, to have broken the Rules of the Division as to professional conduct, or, if not a member, to have acted, after due notice as herein provided, in contravention of the said Rules, or who, whether a member of the Division or not, shall have been declared by the Division to be deemed guilty of conduct detrimental to the honour and interests of the profession, or calculated to bring the profession

into disrepute. "Due notice" to a non-member for the purpose of this Rule shall be construed to mean one month's notice of any resolution adopted in pursuance of Rule (B) or (C).

(G) *Consultation in Case of Urgency.*—If in circumstances of great urgency a member of the Division shall meet professionally a medical practitioner whom, under Rule (F), he could not meet except in such circumstances, he shall at once report the fact, with an explanation of the said circumstances, to the Secretary, who shall forthwith report the whole matter to the Ethical Committee of the Division.

If the Ethical Committee shall in any instance not be satisfied that the circumstances were of such urgency as to justify such action, it shall be the duty of the Committee to inquire further into the matter, and to report to the Division whether, in the opinion of the Committee, Rule (F) has or has not been broken by the member concerned.

Practical Working of Rules.

The effect of these Rules is:—

(1) Rule (A) makes resolutions of the Division binding upon the members of the Division, provided that such Resolutions are adopted in the manner prescribed in the Rules.

(2) Rules (B) and (C) are intended to secure that such resolutions shall not take effect unless due notice has been given, and unless they have been approved by a sufficient majority of those locally concerned.

(3) Rule (D) provides that in the case of a resolution which affects existing appointments, the holders of such appointments shall have, in addition to the notice of the resolution which they would receive, under Rule (B) or (C), before it was adopted, a further notice to enable them to make arrangements with respect to the appointments which they hold.

(4) Rule (E) makes provision for the consideration, in conformity with the regulations of the Association, of any breach of the Rules by a member of the Association.

The collective effect of the foregoing Rules (A) to (E) in practice is that a resolution of the Division is binding, not only on those who are already members of the Division, but upon any member of the Association who may contemplate accepting an appointment within the area of the Division; inasmuch as, by becoming resident within the Division area, he becomes a member of the Division, and therefore bound by its Rules and by those resolutions which are binding under the Rules.

Rule (F) provides a means whereby the Division may mark its disapproval of the action of members of the profession, whether members of the Association or not, who act in opposition to the interests of the profession, provided, (a) that such practitioners shall have reasonable notice of any resolution adopted by the Division, and (b) that exception shall be made for cases of urgency.

Rule (G) is intended to prevent the abuse of the exception.

SPECIAL CASES CONSIDERED.

(a) Conformity with Local Agreements.

The following special cases have received consideration:

1. That a member of the Association entering a district in which there is local agreement among the profession with respect to contract practice (apart from any rules of the local Division of the Association) should conform to the local agreement.

2. That a member of the Association accepting an appointment in a Division other than that in which he resides should conform as regards that appointment to the rules of the Division in the area of which the appointment is situated.

(b) Forbidding Agreements not to Practise, Entered into with Lay Persons.

3. A special Rule submitted by two Divisions, has been approved, as follows:

"No member of this Division shall enter into an agreement with any person or persons, other than members of the medical profession, which shall contain restrictions on the right of such member to practise in the Division after the termination of any appointment held or to be held by such member."



